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ABSTRACT

Product of a 5-year study designed to improve programming for emotionally handicapped students in the Indiana Public Schools, the document consists of four major components. Section I, "Operationalizing the Definition," focuses on eligibility for services, psychoeducational evaluation procedures and interpretation, documentation of previous intervention efforts, and use of the Behavior Questionnaire (BQ) in assessment and development of the individualized education program (IEP). Appendices in Section I include the BQ, selected bibliography and behavior rating scale summaries, and a sample intervention checklist. Section II describes components necessary for a continuum of services based on severity, need for movement within the continuum, and changing program needs. Aspects of current practice in assessment, intervention, teacher training, interprofessional relationships, and life planning which pose obstacles to effective programming are discussed. Appendices to this section include an annotated bibliography and selected model program descriptions. Section III concentrates on staff development, identifying preservice teacher competencies and inservice competencies for administrators, regular and special education teachers, school psychologists, behavioral consultants, and other related professional and nonprofessional personnel. Curriculum, the topic treated in the final section, looks at classroom management and instruction, behavior management, affective education, and vocational education. References, checklists, and sample forms are appended. (JW)

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STRATEGIES FOR IMPROVING INDIANA'S PROGRAMS FOR SERIOUSLY EMOTIONALLY HANDICAPPED STUDENTS

EC 212251

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STRATEGIES FOR IMPROVING INDIANA'S PROGRAMS FOR SERIOUSLY EMOTIONALLY HANDICAPPED STUDENTS

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped
Shirley J. Amond, Chairman

January 1986

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This publication is a result of the cooperative efforts of many individuals who contributed time and expertise to the completion of this activity. Under the leadership of the Indiana State Advisory Council on the Education of Handicapped Children and Youth, and in cooperation with the Indiana Department of Mental Health and the Division of Special Education, the Indiana Committee on the Emotionally Handicapped was formed. That Committee was requested to survey resources and programs, consider problems in programming and coordination, and make recommendations directly to the State Advisory Council.

To all who served on the Committee, a note of special thanks and appreciation is offered for sharing all of their information and skills in the research, writing, and editing of this publication.

The Committee expresses appreciation to the staff of the Tri-State Regional Resource Center: Dr. Larry Magliocca, Director; Mrs. Shirley Butler, Program Assistance Specialist; and Mrs. Andrea Rosenthal, Technical Assistant. The support services which they provided during the first two years of the project are gratefully acknowledged.

The Committee members also wish to thank the staff of the Indiana Special Education Administrators' Services, Dr. William R. Littlejohn, Director; and support service personnel: Connie Cutter, Jamie Kelley, and Linda Wolf, for their dedicated efforts on behalf of the project. Their contributions have been invaluable.

GENERAL INTRODUCTION

This publication is the culmination of a five year project. The original Committee members included those appointed from agencies representing services to children and youth. It included representatives from public schools, Board of Health, Mental Health Department, Department of Corrections, Community Mental Health Centers, and higher education. That Committee determined that there should be five major areas addressed during the course of the project.

1. Labels and Definitions
2. Range of Services
3. Interagency Collaboration
4. Curriculum
5. Staff Development

Further, they determined that it was prohibitive to develop recommendations in all five areas at one time. They opted to begin with the first three areas noted above.

LABELS AND DEFINITIONS

Following a review of state labels and definitions and a lengthy debate of their impact on programming for the emotionally handicapped, the Subcommittee on Labels and Definitions recommended that perhaps the critical issue was operationalizing the current definition.

Secondly, they determined to withhold any final recommendation concerning a label change until an anticipated federal review of that question was completed.

As a result of their recommendtions, a subcommittee was appointed to prepare a document which would outline a way to operationalize Indiana's current definition of eligibility for programs for the emotionally handicapped.

RANGE OF SERVICES/CONTINUUM

The Subcommittee on the Continuum of Services developed a model describing the range of services which should be available in order to appropriately serve emotionally handicapped children. It includes an outline of services for prevention and early intervention, a glossary of terms, and a review of successful programs.

INTERAGENCY COLLABORATION

The Subcommittee conducted an assessment of public schools and community mental health centers in order to determine the status and types of interagency agreements. The results of that survey were published and shared with the members of the Indiana State Advisory Council on the Education of Handicapped Children and Youth.

During the second phase of the work of the Committee, the following areas were developed:

1. Operationalizing the Definition
2. Curriculum
3. Staff Development
    a. Preservice Training
    b. Inservice Training

OPERATIONALIZING THE DEFINITION

This Subcommittee developed a plan which outlined the kinds of diagnostic materials which should be collected and documented in order to determine eligibility for programs for emotionally handicapped children. A checklist to be used by diagnosticians was offered as part of the document.

CURRICULUM

The Subcommittee on Curriculum prepared a document that addresses four areas identified as critical to the success of programs for emotionally handicapped students. Those areas include:

1. Classroom Management
2. Behavior Management
3. Affective Education
4. Vocational Education

This publication was designed to serve as a resource guide to those who work with emotionally handicapped children in educational settings.

STAFF DEVELOPMENT

The Subcommittee on Staff Development/Preservice reviewed research and surveys available on identified competencies needed by teachers in order to be successful when working with emotionally handicapped students.

An overview of training program recommendations was included in their document.

The Subcommittee on Staff Development/Inservice specified staff groups which would be working with emotionally handicapped children. Additionally, for each of these groups, they identified competencies which might be required in order to successfully work with the emotionally handicapped child.

Included in their publication is a list of suggested inservice topics and samples of the structuring of inservice programs.

The document structure is as follows:

Section I Operationalizing the Definition

Section II Continuum of Services

Section III Curriculum
- A. Classroom Management
- B. Behavior Management
- C. Affective Education
- D. Vocational Education

Section IV Staff Development
- A. Preservice Training
- B. Inservice Training

RECOMMENDATIONS

Indiana Committee on the Emotionally Handicapped

Programming for children with severe emotional handicaps has traditionally presented a problem to educators. It is intended that this document will offer some resolution to that problem. However, the Committee realizes that this document can, at best, be only a beginning to that resolution and offers the following recommendations for further consideration by the Indiana State Advisory Council for the Education of Handicapped Children and Youth:

I. Operationalizing the Definition

   A. The Indiana Committee on the Emotionally Handicapped recommends the development of evaluation procedures that will provide consistent use of criteria throughout the state.

II. Continuum of Services

   A. The Indiana Committee on the Emotionally Handicapped recommends the adoption of a continuum of services for Indiana's seriously emotionally handicapped students.

   B. The Indiana Committee on the Emotionally Handicapped recommends that the Division of Special Education pursue increased multi-agency participation in the development of collaboration procedures and agreements.

   C. The Indiana Committee on the Emotionally Handicapped recommends that a system of regional districts be developed to assure that students from every school corporation in the state have access to the programming alternative of a special (day) school for the emotionally handicapped.

      1. Each district established for this purpose should have at least one day school and a residential facility to allow overnight or longer lodging.

      2. It is suggested that the Division of Special Education identify the districts and designate certain facilities (either cause them to be established or identify existing facilities). The existence of this system should not necessarily preclude other day schools or residential facilities within the respective districts.

      3. It is suggested that the facilities be operated by school corporations or special education cooperatives or through interlocal (or similar) agencies established for the purpose. Mental Health facilities (public) and schools could form agreements for legal entities (interlocal cooperatives) to meet this need.

      4. Provisions for the referral to such facilities should be made by the Division, and financial arrangements should also be addressed, along with necessary procedures and policies.

III. Staff Development

A. Preservice Training

1. The Indiana Committee on the Emotionally Handicapped recommends that the term "behavioral consultant" be given full certification status with some attention given to an academic program which would include training in many areas.

B. Inservice Training

1. The Indiana Committee on the Emotionally Handicapped recommends the development of workshops and conferences on programming for the emotionally handicapped and other statewide dissemination strategies.

IV. Curriculum

A. The Indiana Committee on the Emotionally Handicapped recommends that a committee be appointed to prepare a document which outlines strategies for parental involvement in the programs for seriously emotionally handicapped students.

Finally, the Indiana Committee on the Emotionally Handicapped recommends that the funding mechanisms available for the education of handicapped children and youth include provisions for addressing prevention and early intervention concepts provided in the Continuum of Services model.

SECTION I

Seriously Emotionally Handicapped

OPERATIONALIZING
THE
DEFINITION

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped

January 1986

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INTRODUCTION

The purpose of this document is to assist professionals (psychologists, principals, teachers, etc.) in the identification and programming of seriously emotionally handicapped students.

The committee that was responsible for this document felt the emotionally handicapped have in the past been an underserved population who are in dire need of proper identification and programming. Proper identification requires quality evaluation.

The document is to aide professionals to better understand the definition and true characteristics associated with this definition. It is also to clearly define the components of a quality psychoeducational assessment and methods that would be appropriate to use in the assessment of the emotionally handicapped child.

I. DEFINITION

A seriously emotionally handicapped child is a child with a severe condition exhibited over a long period of time and to a marked degree, which adversely affects educational performance and is characterized by one or more of the following: a) an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic); b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; c) an inappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted); d) a general pervasive mood of unhappiness or depression; e) a tendency to develop physical symptoms or fears associated with personal or school problems.

Indiana
Rule S-1
PL 94-142

II. ELIGIBILITY

In general an Emotionally Handicapped student has problems involving a lack of awareness and/or understanding of self and environment of such duration, frequency or intensity as to result in an inability to control behavior or express feelings appropriately thereby significantly impairing performance in the classroom and in school related activities. The general characteristics include one or more of the following:

a.) an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic);

Significant deficits in the level of functioning may be the most pronounced characteristic of emotionally handicapped children in school. This significant deficit in the learning process may be manifested as impairments in classroom performance and school learning experience as well as failure to master skill subjects. The difference between a child's performance and level of expectancy becomes more significant as a student advances through his/her school career. This discrepancy may appear to be insignificant in a child's early school years, therefore making it more difficult to identify a young student based on the inefficiency in functioning level.

Following are some descriptors that may be related to this characteristic:

1. Basic Skills - reading/mathematics/language:
    - academic regression
    - decline in grades
    - change in skill acquisition
    - change in skill application
2. Short attention span, unable to concentrate:
    - shows erratic, flighty behavior
    - easily distracted
    - lacks perseverance
    - daydreams, gets lost in his/her thoughts
    - does not complete assignments, fails to finish things he/she starts
3. Unable to retain:
    - poor memory
    - forgets easily
4. Does not complete tasks, careless and disorganized:
    - disorderly
    - unable to sequence
    - loses or misplaces materials

5. *Does not follow academic directions:*

   - *inattentive*
   - *omits all or parts of things*
   - *makes many errors*

6. *Lacks comprehension of assignments:*

   - *tasks at skill level incorrectly completed*
   - *displays anxiety*
   - *many wrong or poor responses*
   - *assignments late or not handed in*

7. *Seeks excessive attention:*

   - *makes weird noises*
   - *acts like class clown, shows off*
   - *seeks excessive praise*
   - *disrupts others*
   - *silliness, childishness*
   - *excessive pouting*
   - *quarrelsome, argumentative*
   - *plans and carries out hostile acts*
   - *bragging, boastful*
   - *excessive swearing*

b.) inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

The term "satisfactory interpersonal relationships" refers to the ability to establish and maintain close friendships; the ability to work and play cooperatively with others; the ability to demonstrate sympathy, warmth, and sharing with others; the ability to be assertively constructive; and the ability to make appropriate choices for social interaction. In most instances, children who have difficulty building or maintaining satisfactory interpersonal relationships are readily identified by both peers and teachers.

Following are some descriptors that may be related to this characteristic:

1. *Difficulty understanding and accepting the point of view of another person and then responding appropriately:*

   - *feels persecuted and acts as if others are out to get him/her*
   - *repeatedly annoys others, insensitive to the social cues given*
   - *lacks empathy, insensitive to the feelings of others*
   - *teases others in a hurtful manner*
   - *tactless or rude in social interaction*
   - *cruel or mean to others, a bully*
   - *does not feel guilt or remorse when such a reaction is appropriate*
   - *does not show concern for welfare of friends or companions*
   - *unrealistically fearful or untrusting of others*
   - *egocentric*
   - *inability to predict the consequences of his/her actions*

- poor problem solver, cannot develop alternative solutions to social conflicts

2. Failure to establish a normal degree of affection or bond with others:

   - difficulty maintaining friendships longer than six months
   - blames or informs on companions
   - does not extend self for others unless immediate advantage is likely
   - isolated, complains of loneliness
   - prefers playing with younger children
   - not liked by age mates
   - lies to companions, cheats at games
   - reluctant to participate in activities with peers
   - jealous of others
   - excessively possessive of the friendship of others
   - substitutes adult company for peer relationships
   - elective mutism, continuous refusal to talk in almost all social situations, including school (not due to inability to speak or comprehend language or to mental or physical disorder)

3. Difficulty dealing with authority figures:

   - resents constructive criticism or advice
   - highly confrontive with those in authority
   - insists on having own way
   - resists rules, structure
   - unreasonable, rigid, unwilling to compromise
   - absences or tardiness due to disciplinary actions

c.) an inappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted);

Behavior is seen as inappropriate when disturbed internal states lead to socially aberrant or self-defeating behavior, that is, behavior which is clearly discordant with that which would normally be expected from other children of similar age under similar circumstances.

Following are some descriptors that may be related to this characteristic:

1. Obsessive - compulsive behavior:

   - ritualistic, stereotyped actions directed toward meticulous detail
   - constantly erases or recopies
   - excessively strives for perfection
   - cannot accept change of activities out of sequence
   - perseveration, persistently repeats certain acts over and over
   - stores up things he/she does not need
   - overly concerned with neatness or cleanliness

2. Distorted perception of reality:

   - magical thinking, believes in ability to influence an event defying laws of cause and effect

- -excessive fantasizing, imagined thoughts to gratify wishes
- -hallucinating, sees things that are not there
- -disorientation, confusion regarding time, place, identity
- -loose associations, in conversation jumps from one topic to another with no apparent connection
- -misinterprets situations, illogical thinking with erroneous conclusion reached
- -delusions - false belief in spite of contradictory evidence (not including simple denial of guilt)

3. *Problems with sexual issues:*

- -sexual behavior which is developmentally inappropriate
- -sexual preoccupation
- -provocative behavior
- -conflicts with sexual identity
- -exhibitionism
- -public masturbation

4. *Chronic violation of age appropriate and reasonable home or school rules:*

- -destroys property, either his/her own or others
- -blatantly defiant of classroom and school routine
- -sets fires
- -cruelty to animals
- -persistent lying
- -impulsively steals objects that are not for immediate use or their intrinsic value

5. *Violent anger reactions, temper tantrums:*

- -anger is disproportionate to the situation
- -explosive, uncontrolled anger
- -unanticipated violence or destruction of property, throws objects
- -easily provoked
- -unplanned physical harm of others

6. *Regressive behaviors:*

- -thumb sucking
- -wetting self during the day
- -playing with or smearing feces
- -markedly increased attachment to parent figure
- -infantile speech or mannerism

d.) *a general pervasive mood of unhappiness or depression;*

Children who are unhappy or depressed may exhibit a loss of interest or pleasure in all or almost all usual activities and pastimes. These behaviors may be expressed verbally or nonverbally, as in frequently sad facial expression, changed peer relations, social isolation, reduced academic achievement, hypo-activity, or restless agitated behavior.

Feelings of worthlessness are common and may range from feelings of inadequacy to complete self-rejection and may be manifested in self-aggressive/self-abusive behavior.

Following are some descriptors that may be related to this characteristic:

1. *Depressed mood or marked loss of pleasure in all, or almost all usual activities and pastimes:*

    - *-insomnia or hypersomnia*
    - *-low energy level or chronic tiredness*
    - *-feelings of inadequacy, loss of self-esteem or self-deprecation*
    - *-decreased effectiveness or productivity at school*
    - *-decreased attention, concentration or ability to think clearly*
    - *-social withdrawal, isolates self*
    - *-loss of interest or enjoyment of pleasurable activities*
    - *-irritability or excessive anger*
    - *-inability to respond with apparent pleasure to praise or rewards,*
    - *-general unresponsiveness*
    - *-less active or talkative than usual*
    - *-pessimistic attitude toward the future, brooding about past events or feeling sorry for self*
    - *-excessive tearfulness or crying*
    - *-recurrent thoughts of death or suicide*
    - *-does not eat well, loss of appetite*
    - *-presents a feeling of hopelessness or dejection*
    - *-social withdrawal, apathy, or sadness*
    - *-lacks motivation to complete academic tasks*

2. *Self-aggressive, physical abuse toward self:*

    - *-deliberately harms self*
    - *-attempts suicide*
    - *-excessive scratching, picking, biting of fingernails*
    - *-takes inordinate risks*
    - *-accident prone, gets hurt a lot*
    - *-excessive weight gain*
    - *-excessive weight loss*
    - *-change in personal habits*
    - *-repeated running away from home overnight*

3. *Restless, agitated:*

    - *-nervous, high strung or tense*
    - *-always in motion*
    - *-cannot sit still*
    - *-short attention span*
    - *-impulsive, acts without thinking*
    - *-decreased need for sleep*
    - *-inappropriate laughing*
    - *-difficulty concentrating*
    - *-excessive anxiety*
    - *-extreme mood swings*
    - *-compulsive talking*

e.) a tendency to develop physical symptoms or fears associated with personal or school problems.

A child may exhibit physical symptoms such as excessive fatigue, dizziness, nausea, rashes, or an unexplained loss of or alteration in physical func-

tioning; unrealistic fears, such as harm to parents or occurrence of calamities; or pains, such as headaches, stomachaches. Possible physical etiologies should be ruled out prior to attributing the behavior(s) to a phychogenic cause.

Following are some descriptors that may be related to this characteristic:

1. Excessive anxiety when separated from those to whom child is attached:
   - unrealistic fear about possible harm befalling major attachment figures or fears they will leave and not return
   - persistent reluctance or refusal to go to school in order to stay with major attachment figure(s) at home
   - persistent reluctance or refusal to go to sleep without being next to major attachment figure or to go to sleep away from home
   - repeated nightmares involving theme of separation
   - complaints of physical symptoms on school days, e.g., stomachaches, headaches
   - difficulty concentrating and attending to work or play when not with a major attachment figure
2. Generalized and persistent anxiety or worry:
   - unrealistic worry about future events
   - preoccupation with the appropriateness of the individual's behavior in the past
   - overconcern about competence in a variety of areas, e.g., academic, athletic, social
   - excessive need for reassurance about a variety of situations or events
   - somatic complaints
   - marked self-consciousness or susceptibility to embarrassment or humiliation
   - marked feelings of tension or inability to relax
   - persistent and irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid the phobic stimulus
   - absence or tardiness due to stress-related illness
3. Self-concept so low as to impair normal functioning:
   - lacks confidence, insecure, afraid to try new things
   - assumes blame inappropriately when things go wrong
   - severe avoidant behavior which interferes with social relationships
   - excessive dependency on adults or others
   - persistent and excessive shrinking from contact with strangers
   - easily frustrated and upset by failure
   - overwhelmed by new tasks and tries to avoid
   - does not complete routine tasks
   - persistent feelings of failure

III. PSYCHOEDUCATIONAL EVALUATION

When a school carefully and systematically collects information, it opens the opportunity for direct, specific and powerful changes in the school's structure and function which, if carried out, can have a significant impact on a child's perceptions, behavior and development. Special education is one of the many kinds of changes in structure and function a school has available to improve the conditions of learning. Like any system which requires valid and reliable data before valid or reliable decisions can be made, special education services need high quality diagnostic information. If the quality of the diagnostic services is high, the potential for clearer directions and a wider range of programming alternatives is more likely to occur than when the diagnostic information is superficial or otherwise inadequate.

During the process of identifying emotionally handicapped children, the school relies on a number of professionals, along with parents, working together in a team, in order to understand the child's functioning in a number of settings. This collective, yet unified effort is the strength of the school evaluation because it can lead to an integrated and comprehensive analysis of the child's educational, emotional, and social functioning. From such an evaluation can come a better understanding of the significant dimensions of the child's world - his home, school and community - upon which an appropriate and effective individualized program can be built and where a significant impact on the child can take place.

Another strength of the school evaluation is the emphasis placed on the child as being more "normal" than different because he is seen as a functioning member of the community at large - interacting, initiating, caring and being cared for. A comprehensive analysis, then, will focus on how a child is coping and dealing with his/her world in a number of settings as he learns, feels and communicates in a culture with others who are like him.

Attention is given, not just to the presence of problematic behaviors, but to their FREQUENCY, the patterns of INTENSITY, and their DURATION over a period of time. The investigation, therefore, relies on a number of different kinds of information (e.g., interviews, rating scales and observations, as well as normative and clinical instruments) and a number of sources (e.g., the child, his/her parents, the teacher, and others in the community).

Attention should be given to noting specific behaviors and their frequency, duration, and intensity. Intensity is the relative seriousness of the behavior, the degree to which it disrupts the student's own learning or adjustment, or that of his/her immediate environment (e.g., a child who sets a fire - environmental; a child who demonstrates severe depression - personal). Frequency is the number of times the behavior occurs over a given period of time (e.g., somatic complaints - high frequency; suicide attempt - low frequency). Duration is the average length of time for which the behavior exists (e.g., high duration - lasting over one month; low duration - being a month or less).

It should be noted that particular circumstances can have varying degrees of intensity, frequency and duration, any of which may require intervention. Other variables which should be considered in making an observation are the setting in which the behavior occurs, the stimulus for the behavior, the sequence of behavior, the time the behavior occurs, and the results of the behavior on the pupil and others.

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The school evaluation is a unique process, investigating all important elements of the child's world which he/she knows, understands, and sees as important, leading to a more comprehensive understanding of the child as a total person.

A. Intellectual functioning:

Research has shown that intellectual functioning is not usually a major factor in determining the etiology of childhood behavioral disorders However, emotional disabilities can be inferred from either a change in the rate at which an intellectual or educational ability develops across time or from fluctuations in the student's measured ability across time. Behavioral observations during testing which may be indicative of emotional disturbance include irritability and suspiciousness, restlessness, lack of spontaneity, variable mood, apathy, euphoria, dysphoria. Thus, evaluation in intellectual performance, learning styles, etc., is important in ruling out a specific cognitive handicap, as well as making important behavioral and effective observations.

Evaluative Procedures

1. For purposes of an initial assessment of the possible Emotionally Handicapped child, a standardized, multifactored measure of intelligence should have been administered within the past year. The rationale for this procedure is reflective of the frequent observation that test scores of an Emotionally Handicapped child can fluctuate from year to year.

2. The measure of intelligence should be chosen with regard to its appropriateness concerning socioeconomic status of the child, age, sex, culture, handicapping condition, and background of experience (e.g., rural, urban, suburban).

3. The diagnostician(s) should obtain and compare all available intelligence test data to determine patterns of consistency or discrepancy.

4. If there are discrepancies between scores, the diagnostician(s) should evaluate factors that might have an impact on the child's performance (e.g., family, health, change in social or emotional experiences).

5. An intellectual assessment can include, but should not be limited to, measures of learning potential and neuropsychological functioning. These measures can supplement a required administration of an individualized intelligence test.

Interpretation

In interpreting the assessment of intellectual functioning the following questions should be considered:

1. Is there a recently administered individual evaluation of intellectual functioning?

2. Is this measure of intellectual functioning consistent with present and past achievement scores, and if not, how do you account for the discrepancy?

3. Are the results of the intellectual assessment consistent with the judgment of school personnel?

4. In reviewing the records and past evaluations, are range of intellectual functioning scores consistent or is a decline present?

5. Did the student demonstrate behaviors during the testing session which may have negatively affected his/her performance?

Examples of Tests of Intellectual Ability

Wechsler Intelligence Scale for Children-Revised (WISC-R)
Wechsler Adult Intelligence Scale-Revised (WAIS-R)
Wechsler Preschool and Primary Scale of Intelligence
Stanford-Binet Intelligence Scale, Form L-M
Leiter International Performance Scale
Hiskey-Nebraska Tests of Learning Aptitude
Columbia Mental Maturity Scale, 3rd edition
Kaufman Assessment Battery for Children
Woodcock-Johnson Tests of Cognitive Ability
McCarthy Scales of Children's Abilities

B. Evidence of School Achievement

Data in this area may then be used to provide a baseline for the comparison of skills in other areas of functioning. When current levels of academic performance are compared with previous levels, it is sometimes possible to establish patterns of learning, to identify the onset of learning problems, and/or to define sudden changes in performance. A sudden change in school achievement might lead to an investigation of possible causes for the change.

Evaluative Procedures

1. The assessment should include data not more than six months old.

2. The data should include:
    a. current classroom performance
    b. standardized test data
    c. current classroom observations
    d. teacher reports
    e. informal measures of academic ability
    f. reports from other school personnel

3. The measures of achievement should be chosen with regard to the child's socioeconomic level, age, sex, culture, handicapping condition, and background of experience.

4. The diagnostician(s) should obtain and compare all available achievement data to determine patterns of consistency or discrepancy.

5. If there are discrepancies between results, the diagnostician(s) should evaluate factors that might have an impact on the child's performance (e.g., family, health, change in social or emotional experiences).

Interpretation

1. Has there been a current observation of the child in his/her present classroom setting?

2. Are there current individually administered achievement scores available?

3. Is there information regarding achievement from a variety of sources?

4. Are there achievement measures available in all basic skill areas?

5. Are formal and informal assessment results consistent with the observations of school personnel?

6. If the achievement scores do not reflect actual classroom functioning level, how can this discrepancy be explained?

7. If there has been a significant decline in academic performance, what external factors might contribute to the change(s), e.g., family, health, changes in social and emotional experiences?

Examples of Tests of Achievement

Wide Range Achievement Test (WRAT)
Peabody Individual Achievement Test (PIAT)
Woodcock-Johnson Psychoeducational Test Battery
Key Math Diagnostic Arithmetic Test
Spache Diagnostic Reading Scales
Woodcock Reading Mastery Test

C. Sensory and Health Related Factors:

It is essential to examine the relationship between sensory and/or health problems and demonstrated behavioral concerns as it affects the inefficiency of the level of functioning. This process can rule out sensory and/or health problems that would account for the demonstrated behaviors. For purposes of the present assessment, the emotional problem must be the primary handicapping condition.

Evaluative Procedures

1. If a child exhibits health problems, a current health statement from a licensed physician should be obtained.

2. A thorough developmental history should be obtained (or updated as necessary) and should emphasize:

a. prenatal factors
b. postnatal factors
c. developmental milestones
d. major illnesses or accidents
e. chronic health problems
f. allergies
g. physical or sensory impairments
h. medication history and/or current use
i. hereditary or genetic factors
j. hospitalizations
k. psychological or psychiatric treatment
l. other treatment (e.g., physical, occupational, or speech/language therapy, infant stimulation programs)
m. preschool experiences
n. family and social history

3. Evaluation should minimally include assessment of visual-motor skills, visual and auditory perception and acuity, and fine and gross motor skills. This evaluation can include formal and informal testing, observation, teacher or parent reports, or evaluation by specialists in these areas.

Interpretation

In evaluating information obtained through observations, health records, teacher impressions, parent input, behavioral history and statements by the child, the following questions should be considered:

1. Can evidence of health-related difficulties be found in the student file?

2. Has the parent reported any difficulties or has the diagnostic team observed any auditory, visual or motoric problems during the assessment process ?

3. During the classroom observations did the child seem to rely excessively on any particular modality?

Examples of Tests of Sensory and Motor Skills

Bender Visual Motor Gestalt Test
Beery-Buktenica Tests of Visual Motor Integration
Oseretsky Test of Motor Performance Developmental Inventory
Tests of visual and auditory acuity

D. Social-Emotional Development

Areas to be assessed included the child's perceptions of self and the world (self-concept, reality testing, self-awareness, etc.), relationships with children and adults (the total range of the child's social interactions-includes attitudes toward authority figures, age-appropriateness of peer interactions, withdrawn behavior, aggression, etc.), and affective behavior (mood, attitude, fears and phobias, level of anxiety, psychosomatic complaints, etc.). This evaluation should include the assessment of the frequency, duration, and intensity of the child's inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers; inappropriate types of behaviors or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; and tendency to develop physical symptoms or fears associated with personal or school problems.

Evaluative Procedures

1. The minimal information should include:
    a. teacher ratings of child's behavior
    b. parent ratings of the child's behavior
    c. parent interview(s)
    d. teacher interview(s)
    e. child interview(s)
    f. adaptive behavior measures

g. family status and/or history

h. previous interventions (see Section IV)

2. A systematic and thorough observation of the child should be done in multiple school settings. This should consist of a variety of observations by individuals other than the classroom teacher. The goal of observation is to assess the frequency, intensity, and duration of those behaviors specified on the referral, on teacher ratings of the child, or through other observations. See Appendix II for additional information regarding observation of students.

3. Additional information can be gained from:

   a. projective measures
   b. self-report measures
   c. other school personnel
   d. mental status evaluation
      - -time/place orientation, judgment, memory, identity, etc.
      - -emotional appropriateness of response, etc.
      - -speech/thinking disorders--content, coherency, etc.
      - -attitudes, behavior, appearance
   e. sociometric measures
   f. psychiatric and/or neurological evaluation

Interpretation

1. How can this information be integrated with what else is known about the child's development?

2. Is the information gathered in the school setting consistent with what is known about the child during non-school hours?

3. Does this information provide the reader with behavioral descriptions of the child rather than only diagnostic labels?

4. Does this information distinguish between the emotionally handicapped child and the nonhandicapped child?

5. Does this information describe the extent to which social/emotional problems interfere with classroom learning?

6. Does the information lead to establishment of behavioral goals and objectives?

7. Does the information allow a diagnostic team to distinguish the EH child from the socially maladjusted child?

Examples of Self-Concept/Self-Report Measures

Piers-Harris Self-Concept Scale

Tennessee Self-Concept Scale

Coopersmith Self-Esteem Scale

Examples of Rating Scales

Burks' Behavior Rating Scales

Behavior Problem Checklist (Quay)

Behavior Rating Profile (Brown and Hammill)

Children's Behavior Questionnaire (Rutter)

Devereux Elementary School Behavior Rating Scale

Devereux Adolescent Behavior Rating Scale

Jesness Behavior Checklist

Louisville Behavior Checklist

Walker Problem Behavior Identification Checklist
(See Appendix III for additional information regarding behavioral rating scales.)

Examples of Adaptive Behavior Measures

AAMD Adaptive Behavior Scale, School Edition

Vineland Adaptive Behavior Scale

Children's Adaptive Behavior Scale

Adaptive Behavior Inventory for Children (ABIC) from the SOMPA

Examples of Projective Personality Measures

PROJECTIVE TECHNIQUES SHOULD ONLY BE USED BY PERSONS SPECIFICALLY TRAINED IN THEIR ADMINISTRATION, SCORING, AND INTERPRETATION:

Children's Apperception Test

Thematic Apperception Test

Education Apperception Test

Kinetic Family Drawings

Picture Word Test

Draw-A-Person

House-Tree-Person

Buttons

Examples of Objective Measures of Personality

California Personality Inventory
Minnesota Multiphasic Personality Inventory
Personality Inventory for Children
Missouri Children's Picture Series

IV. DOCUMENTATION OF PREVIOUS EDUCATIONAL ASSISTANCE AND COUNSELING

In addition to the current psychoeducational evaluation it is necessary to document previous interventions. These interventions include educational assistance and counseling. In-school counseling or supportive educational services may have been offered by school personnel, such as the principal, resource teacher, counselor, psychologist, social worker or attendance officer. Additionally, out-of-school counseling or supportive services may have been obtained by the family or provided by the courts. The following questions should be considered in documenting previous educational assistance and counseling.

1. What outside services have been consulted or obtained by the family (e.g., clergyman, mental health professionals, Big Brothers/Big Sisters, family physician, scout troops)?
2. What school personnel have worked with this student in a systematic manner in an attempt to bring about behavior change?
3. What has been the duration of educational services or counseling and when were such services initiated?
4. How would you evaluate the effectiveness of previous educational assistance or counseling?
5. Are there written reports available?

(See Appendix IV for a sample checklist.)

V. USE OF THE BEHAVIOR QUESTIONNAIRE IN ASSESSMENT AND IEP DEVELOPMENT

The Behavior Questionnaire is an instrument used to help determine whether a child's behaviors coincide with the five characteristics included in the Indiana definition of Seriously Emotionally Handicapped. It is a rough indicator of the presence or absence of these characteristics and serves as an organizer for the comprehensive psychoeducational evaluation. It can be used as an educational tool, acquainting others with the definition, as well as a diagnostic instrument, determining the critical dimensions of behavior which need to be explored.

The range of behaviors included in this questionnaire are seen as educationally significant because they may interfere with a child's school functioning. Most persons engage in many of these behaviors at one time or another. Consequently, it is not solely the presence or absence of behaviors which is important, but whether they are found in sufficient frequency, intensity or duration to significantly interfere with a child's educational progress, suggesting the presence of a condition which requires systematic attention.

The information obtained when this questionnaire is used may be especially helpful to the multidisciplinary team because the statements provide direction for the evaluation and assist in determining its scope. The questionnaire is not a comprehensive list of behaviors nor do the items constitute sufficient or even necessary conditions establishing the presence of a serious emotional handicap, but the questionnaire provides a structure from which the multidisciplinary team can work in both initial and final stages of the evaluation process.

When the IEP is written, the items may be consulted again. At that time the members of the team can ask, in light of the completed evaluation, whether the needs should be addressed by dealing directly with the behavior mentioned in the questionnaire or indirectly by, for example, changing the structure in the child's environment.

For those behaviors which are going to be dealt with in the classroom setting, the items in the questionnaire can be easily written as behavioral goals and objectives. For example, one of the characteristics used in identifying a student as seriously emotionally handicapped may be a "general pervasive mood of unhappiness or depression." The multidisciplinary team has determined and indicated on the questionnaire that this student's depressed mood has resulted in a "marked loss of pleasure in all or almost all usual activities and pasttimes." Specific items which have been checked on the questionnaire can be worded as objectives, i.e., to improve motivation to complete academic tasks, to decrease social withdrawal, to increase ability to respond with apparent pleasure to praise or rewards. After the specific objectives are determined, criteria for documenting change will need to be developed and specified on the IEP:

UTILIZATION OF THE BEHAVIOR QUESTIONNAIRE IN THE DEVELOPMENT OF THE IEP CAN LEAD TO EDUCATIONAL PROGRAMMING THAT RELATES DIRECTLY TO THE RESULTS OF THE DIAGNOSTIC EVALUATION.

APPENDIX I

Sample of interview form to be used with teachers.

BEHAVIOR QUESTIONNAIRE
(Identifier)

STUDENT__________________ BIRTHDATE__________________

SCHOOL__________________ GRADE__________________

REFERRING TEACHER__________________ SUBJECT MATTER AREA__________________

Teacher Interviewed__________________ Date__________________

Interviewed by__________________ Position__________________

Length of Interview__________________ Location__________________

Length of Time Student Known by the Informant__________________

Teacher Interviewed__________________ Date__________________

Interviewed by__________________ Position__________________

Length of Interview__________________ Location__________________

Length of Time Student Known by the Informant__________________

This questionnaire is designed to assist school personnel conducting an interview with a referring teacher, in order to better assess the extent to which the student is described by any of the five characteristics included in the Indiana definition of Seriously Emotionally Handicapped. These characteristics are:

a. an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic);

b. an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

c. an innappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted);

d. a general pervasive mood of unhappiness or depression;

e. a tendency to develop physical symptoms or fears associated with personal or school problems.

Directions: Behaviors associated with these five characteristics are listed. Check any of those which describe the student referred. The "Comments" section should be used by the interviewer to provide additional information regarding behaviors which are of greatest concern. Be specific as to the duration, frequency, or intensity of the observed behavior.

1. Basic Skills - reading/mathematics/language:

   -academic regression
   -decline in grades
   -change in skill acquisition
   -change in skill application

Comments: ____________________

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2. Short attention span, unable to concentrate:

   -shows erratic, flighty behavior
   -easily distracted
   -lacks perseverance
   -daydreams, gets lost in his/her thoughts
   -does not complete assignments, fails to finish things he/she starts

Comments: ____________________

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3. Unable to retain:

   -poor memory
   -forgets easily

Comments: ____________________

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4. Does not complete tasks, careless and disorganized:

   -disorderly
   -unable to sequence
   -loses or misplaces materials

Comments: ____________________

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5. Does not follow academic directions:

- -inattentive
- -omits all or parts of things
- -makes many errors

Comments: ______________________________

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6. Lacks comprehension of assignments:

- -tasks at skill level incorrectly completed
- -displays anxiety
- -many wrong or poor responses
- -assignments late or not handed in

Comments: ______________________________

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7. Seeks excessive attention:

- -makes weird noises
- -acts like class clown, shows off
- -seeks excessive praise
- -disrupts others
- -silliness, childishness
- -excessive pouting
- -quarrelsome, argumentative
- -plans and carries out hostile acts
- -bragging, boastful
- -excessive swearing

Comments: ______________________________

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8. *Difficulty understanding and accepting the point of view of another person and then responding appropriately:*

- *-feels persecuted and acts as if others are out to get him/her*
- *-repeatedly annoys others, insensitive to the social cues given*
- *-lacks empathy, insensitive to the feelings of others*
- *-teases others in a hurtful manner*
- *-tactless or rude in social interaction*
- *-cruel or mean to others, a bully*
- *-does not feel guilt or remorse when such a reaction is appropriate*
- *-does not show concern for welfare of friends or companions*
- *-unrealistically fearful or untrusting of others*
- *-egocentric*
- *-inability to predict the consequences of his/her actions*
- *-poor problem solver, cannot develop alternative solutions to social conflicts*

*Comments:*____

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9. *Failure to establish a normal degree of affection or bond with others:*

- *-difficulty maintaining friendships longer than six months*
- *-blames or informs on companions*
- *-does not extend self for others unless immediate advantage is likely*
- *-isolated, complains of loneliness*
- *-prefers playing with younger children*
- *-not liked by age mates*
- *-lies to companions, cheats at games*
- *-reluctant to participate in activities with peers*
- *-jealous of others*
- *-excessively possessive of the friendship of others*
- *-substitutes adult company for peer relationships*
- *-elective mutism, continuous refusal to talk in almost all social situations, including school (not due to inability to speak or comprehend language or to mental or physical disorder)*

*Comments:*____

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10. Difficulty dealing with authority figures:

-resents constructive criticism or advice
-highly confrontive with those in authority
-insists on having own way
-resists rules, structure
-unreasonable, rigid, unwilling to compromise
-absences or tardiness due to disciplinary actions

Comments:

11. Obsessive - compulsive behavior:

-ritualistic, stereotyped actions directed toward meticulous detail
-constantly erases or recopies
-excessively strives for perfection
-cannot accept change of activities out of sequence
-perseveration, persistently repeats certain acts over and over
-stores up things he/she does not need
-overly concerned with neatness or cleanliness

Comments:

12. Distorted perception of reality:

-magical thinking, believes in ability to influence an event by defying laws of cause and effect
-excessive fantasizing, imagined thoughts to gratify wishes
-hallucinating, sees things that are not there
-disorientation, confusion regarding time, place, identity
-loose associations, in conversation jumps from one topic to another with no apparent connection
-misinterprets situations, illogical thinking with erroneous conclusion reached
-delusions-false belief in spite of contradictory evidence (not including simple denial of guilt)

Comments:

13. Problems with sexual issues:

- sexual behavior which is developmentally inappropriate
- sexual preoccupation
- provocative behavior
- conflicts with sexual identity
- exhibitionism
- public masturbation

Comments:

14. Chronic violation of age appropriate and reasonable home or school rules:

- destroys property, either his/her own or others
- blatantly defiant of classroom and school routine
- sets fires
- cruelty to animals
- persistent lying
- impulsively steals objects that are not for immediate use or their intrinsic value

Comments:

15. Violent anger reactions, temper tantrums:

- anger is disproportionate to the situation
- explosive, uncontrolled anger
- unanticipated violence or destruction of property, throws objects
- easily provoked
- unplanned physical harm of others

Comments:

16. *Regressive behaviors:*

- *-thumb sucking*
- *-wetting self during the day*
- *-playing with or smearing feces*
- *-markedly increased attachment to parent figure*
- *-infantile speech or mannerism*

Comments: ______________________________

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17. *Depressed mood or marked loss of pleasure in all, or almost all, usual activities and pastimes:*

- *-insomnia or hypersomnia*
- *-low energy level or chronic tiredness*
- *-feelings of inadequacy, loss of self-esteem or self-deprecation*
- *-decreased effectiveness or productivity at school*
- *-decreased attention, concentration or ability to think clearly*
- *-social withdrawal, isolates self*
- *-loss of interest or enjoyment of pleasurable activities*
- *-irritability or excessive anger*
- *-inability to respond with apparent pleasure to praise or rewards, general unresponsiveness*
- *-less active or talkative than usual*
- *-pessimistic attitude toward the future, brooding about past events or feeling sorry for self*
- *-excessive tearfulness or crying*
- *-recurrent thoughts of death or suicide*
- *-does not eat well, loss of appetite*
- *-presents a feeling of hopelessness or dejection*
- *-social withdrawal, apathy, or sadness*
- *-lacks motivation to complete academic tasks*

Comments: ______________________________

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18. Self-aggressive, physical abuse toward self:

- -deliberately harms self
- -attempts suicide
- -excessive scratching, picking, biting of fingernails
- -takes inordinate risks
- -accident prone, gets hurt a lot
- -excessive weight gain
- -excessive weight loss
- -change in personal habits
- -repeated running away from home overnight

Comments:____

19. Restless, agitated:

- -nervous, high strung or tense
- -always in motion
- -cannot sit still
- -short attention span
- -impulsive, acts without thinking
- -decreased need for sleep
- -inappropriate laughing
- -difficulty concentrating
- -excessive anxiety
- -extreme mood swings.
- -compulsive talking

Comments:____

20. Excessive anxiety when separated from those to whom child is attached:

- unrealistic fear about possible harm befalling major attachment figures or fears they will leave and not return
- persistent reluctance or refusal to go to school in order to stay with major attachment figure(s) at home
- persistent reluctance or refusal to go to sleep without being next to major attachment figure or to go to sleep away from home
- repeated nightmares involving theme of separation
- complaints of physical symptoms on school days, e.g., stomachaches, headaches
- difficulty concentrating and attending to work or play when not with a major attachment figure

Comments: ______________________________

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21. Generalized and persistent anxiety or worry:

- unrealistic worry about future events
- preoccupation with the appropriateness of the individual's behavior in the past
- overconcern about competence in a variety of areas, e.g., academic, athletic, social
- excessive need for reassurance about a variety of situations or events
- somatic complaints
- marked self-consciousness or susceptibility to embarrassment or humiliation
- marked feelings of tension or inability to relax
- persistent and irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid the phobic stimulus
- absence or tardiness due to stress-related illness

Comments: ______________________________

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22. Self-concept so low as to impair normal functioning:

- -lacks confidence, insecure, afraid to try new things
- -assumes blame inappropriately when things go wrong
- -severe avoidant behavior which interferes with social relationships
- -excessive dependency on adults or others
- -persistent and excessive shrinking from contact with strangers
- -easily frustrated and upset by failure
- -overwhelmed by new tasks and tries to avoid
- -does not complete routine tasks
- -persistent feelings of failure

Comments: ______________________________

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APPENDIX II

SYSTEMATIC BEHAVIORAL OBSERVATION

Any student evaluated for possible emotional handicaps must have as part of his/her evaluation "documentation of systematic observation of the child in the classroom and/or school."

By observing the child and his/her interaction with the environment, valuable data can be obtained regarding the child's social and emotional development. However, it is important that in obtaining this data, the behaviors that are to be observed are clearly defined and related to the referring problems.

According to Alessi and Kaye's Behavior Assessment for School Psychologists "three factors should be considered when selecting appropriate target behaviors:

1. How important are they to the persons involved.
2. Whether the behavior is prerequisite to other tasks required of the child.
3. Whether the behavior grossly fits the norms for peers in similiar situations."

These three factors should be established through reviewing referral data on the child, parent interviews, and teacher interviews. Once the behaviors have been selected and a method of collecting data established (see Selected Bibliography), the observer must also determine whether the behaviors exist across various settings in terms of frequency, intensity, and duration. This encourages observation in more than one setting.

The results of this process (systematic observation as required by law, clear definition of the behaviors to be observed, selection of an appropriate method of observing, and observation in a variety of settings) will provide the examiner/observer with pertinent information that will aid in the establishment of eligibility.

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APPENDIX III

Rating Scales

Behavior: Selected Instruments for use with Emotionally Handicapped Students

"*Most of the available behavior rating scales are not viewed as diagnostic but descriptive in nature in that they simply indicate a particular behavior exists. They can be used as a means of gauging the severity of behavior symptoms. Most instruments group contributing or component behaviors into domains of highly intercorrelated behaviors based on factor analysis.*

"*Research in literature has been critical about the lack of standardization, inadequate validity, reliability and predictability scores of these instruments. This needs to be seen in its proper perspective. Identifying a child as having emotional disabilities based on the scores of a behavior rating scale is totally invalid and unsupported in research. However, it appears the scales do serve a useful purpose. When used as part of an assessment battery they aid in providing documentation to support placement decisions by demonstrating the deviancy of the student's observable behaviors with his classmates. The scales have proved remarkably stable and reliable in aligning identified behaviors into various factor-analyzed clusters of related behaviors. Behavior rating scales can assist in the preparation of programming goals, can be used as an aid in designing interventions, and can be employed as a pre-post measurement instrument in evaluating interventions. In addition, they provide a standard means of describing and communicating student behavior to parents and support personnel.*"

Sodac, D. The use of behavior rating scales in the identification of emotionally disabled pupils in The Identification of Emotionally Disabled Pupils: Data and Decision Making, Iowa Department of Public Instruction, 1979.

BEHAVIOR SCALES APPLICABILITY AT GRADE LEVEL

	Grade Levels											
Behavior Scales	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Brown/Hammill	X	X	X	X	X	X	X					
Burks	X	X	X	X	X	X	X	X				
Jesness							X	X	X	X	X	X
Miller	X	X	X	X	X	X	X	X	X	X	X	X
Quay	X	X	X	X	X	X	X	X				
Rutter	X	X	X	X	X	X						
Spivack	X	X	X	X	X	X	X	X	X	X	X	X
Walker				X	X	X						

Brown/Hammill - Behavior Rating Profile

Burks - Behavior Rating Scales

Jesness - Behavior Checklist

Miller - Louisville Behavior Checklist

Quay - Behavior Problem Checklist

Rutter - Children's Behavior Questionnaire

Spivack - Devereux-Child Behavior Rating Scale
Devereux-Elementary School Behavior Rating Scale
Devereux-Adolescent Behavior Rating Scale

Walker - Problem Behavior Identification Checklist

Behavior Problem Checklist

Authors: H. Quay and D. R. Peterson
Date: 1967, 1975
Available from: Not commercially available, but can contact authors for manual.

Dr. Herbert Quay
Department of Applied Social Sciences
University of Miami
Coral Gables, Florida 33124

Dr. Donald Peterson
Graduate School of Applied and Professional Psychology
Busch Campus, P.O. Box 819
Piscataway, New Jersey 08854

Comments: The Checklist is a factor-analytically detailed, three-point rating scale listing 55 problem behaviors seen in children and adolescents. The subscales are: conduct problem, personality-problem, and inadequacy-immaturity.

This scale has been the most widely researched scale in literature. It appears to be most reliable and stable in its pervasive behavior dimensions. In addition, data from group studies is accumulating which relate dimensions of behavior to important etiological variables. As of yet, however, for prediction and aid in treatment planning, the utility of the dimensional approach requires much additional research. The research done in the development and subsequent use of the checklist suggests that a reasonable, reliable measurement tool has been created that differentiates between children with emotional or specific learning disabilities and the normal population. It is quick and easy to use.

Reference: Quay, H.C. Measuring dimensions of deviant behavior: The Behavior Problem Checklist, Journal of Abnormal Child Psychology. 1977, 5 277-287.

Behavior Rating Profile

Authors: Linda L. Brown and Donald D. Hammill
Date: 1978
Available from: PRO-ED
333 Perry Brooks Building
Austin, Texas 78701
Cost: Set of 25 - $29.50

Comments: The purpose of Profile is to discriminate between normal and handicapped children who experience emotional and behavior problems. The scales also document the degree of perceived disturbance and specify the settings where child viewed as deviant. Both the parent and teacher scale list 30 problem behaviors to be rated on a four-point scale.

Current research demonstrated the scale to have diagnostic validity and strong internal consistency reliability. It has been noted useful to use with parents in conferences and when deciding which behaviors require further evaluation.

Louisville Behavior Checklist

Author: Lovick C. Miller
Date: 1977
Available form: Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, California 90025
Cost: Form #1 (ages 4-6) and Form #2 (ages 7-13) - $21.00 (manual, templates checklists, answer sheets)

Comments: The checklists include 164 items that sample social and emotional behaviors ranging from social competence to social deviance. Items are judged to be true or false by a rater (usually a parent). There are 19 subscales and a severity level score. The subscales measure noxious behaviors, social competence, aggression, inhibition and learning disability. The checklists were designed to help parents identify and communicate concerns about their child's behavior. The instrument should be considered as a part of a diagnostic evaluation. Current research reports the instrument has respectable reliability and validity scores.

Walker Problem Behavior Identification Checklist

Author: Hill Walker
Date: 1970
Available from: Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, California 90025
Cost: Kit containing 100 checklists plus manual - $10.50

Comments: The checklist is designed to provide quick identification of children with behavior problems. It is a single-page listing of 50 observable, operational statements about classroom behavior. The statements are divided into five scales: acting out, withdrawal, distractibility, disturbed peer relations, and immaturity, Can be administered by anyone familiar with the child, and is especially valuable for teachers. Provides a total score, with a cutoff for classifying children as being disturbed. Research supports the reliability and validity of the instrument.

Children's Behavior Questionnaire

Author: Michael Rutter
Date: 1967
Available from: Journal of Child Psychology and Psychiatry, 1967, 8, 1 - 11.
Cost: Not commercially available

Comments: The instrument was desinged for screening and for survey purposes. It consists of 26 problem behaviors which the teacher responds to on a three-point scale. The questionnaire has been utilized to differentiate children diagnosed as anti-social or neurotic. Most of the research involving this instrument has been comparative in nature. It is a simple and easy to use screening device.

Jesness Behavior Checklist

Author: C. F. Jesness
Available from: Consulting Psychologist Press, Inc.
577 College Avenue
Palo Alto, California 94306

Comments: The instrument is designed to provide a systematic method for describing student behavior, identifying patterns of behavior, and a means for prescriptive planning and goal setting. Information is collected by observers and self-rating in 14 areas: unobtrusiveness, friendliness, responsibility, considerateness, independence, rapport, enthusiasm, sociability, conformity, calmness, effective communication, insight, social control, anger control. There are two forms of this instrument: an Observer Form, for ratings by teachers, probation or correctional officers, counselors, etc.; and a Self-Appraisal Form for self-evaluations.

Reliability, validity and normative data based on institutionalized male delinquents. Though based on extensive research with male delinquents, the time and factors are relevant to normal adolescents as well. Ideal for evaluating behavioral change in school and for comparisons between self and observer ratings for use in counseling or research. At present, the instrument is very rough, but it definitely fills a gap at the secondary level.

Burks' Behavior Rating Scales

Author: Harold F. Burks
Date: 1977
Available from: Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, California 90025

Comments: It is designed to help in differential diagnosis of children already known to have problems. The scales list 110 problem behaviors to be rated by teachers or parents. Scales are divided into 18 cluster areas: self-blame, anxiety, withdrawal, dependency, ego strength, physical strength, coordination, intellectually academics, attention, impulse control, reality, contact, sense of identity, suffering, anger control, sense of persecution, aggressiveness, and resistance

Scales have shown some ability to identify problems of behavior, to differentiate among groups of children and changes in behavior over time, and provide source of information for conferencing or further evaluation.

Devereux Elementary School Behavior Rating Scale

Authors: George Spivak and Marshall Swift
Date: 1967
Available from: The Devereux Foundation Press
Devon, PA 19333

Comments: The scale was designed to measure overt behavior problems, not personality traits. It is suggested to be used as part of an educational evaluation, measure of behavior change and adjustment, and a means for communicating behavior to parents and others. The scale contains 47 items to which the teacher designates the frequency of a behavior's occurrence on five-point scale. These items are clustered into 11 behavior factors: classroom disturbance, impatience, disrespect-defiance, external blame, achievement anxiety, external reliance, comprehension, inattentive-withdrawn, irrelevant-responsiveness, creative initiative, need for closeness to the teacher. The subscale values transfer to a profile.

The scale is viewed as carefully defined and constructed. Reliability and validity studies demonstrate that the scales are useful to communicating about the behavior of a child.

Devereux Adolescent Behavior Rating Scale

Authors: George Spivak and Marshall Swift
Date: 1976
Available from: The Devereux Foundation Press
Devon, PA 19333

Comments: The scale was designed as a method for describing overt behaviors, assessing behavioral changes, and as a means for communicating information about behavior during conferences and staffings. The scale contains items that factor out into 12 areas. The twelve (12) factor scores are: unethical behavior, defiant-resistive, domineering-sadistic, heterosexual interest, hyperactive expansive, poor emotional control, need approval and dependency, emotional distance, physical inferiority-timidity, schizoid withdrawal, bizarre speech and cognition. Three cluster scores (inability in delaying, paranoid thought, anxious self blame are also derived. Research notes the instrument to be reliable for use with diagnosed groups of disturbed adolescents and as a tool for identifying disturbed adolescents.

APPENDIX IV

SAMPLE
SCHOOL INTERVENTION CHECKLIST

Student ______________________ School ______________________

D.O.B. ______________________ Teacher ______________________

Date ______________________

Please check and comment on what has been tried with this student:

TECHNIQUE		DATES	STAFF	RESULT
1. Environmental management				
2. Contingency reinforcement				
3. Define student's limits				
4. Schedule modification				
5. Modify instructional techniques				
6. Instructor(s) change				
7. Contracting				
8. Reduce teacher-student ratio				
9. Parent conferences				
10. Teacher consultation with: a. Psychologist b. EH teacher c. Social worker d. Counselor e. Principal				
11. Direct student involvement with: a. Psychologist b. EH teacher c. Social worker d. Counselor e. Principal				
12. Isolation/time-out				
Other 1.				
2.				
3.				

SECTION II

Seriously Emotionally Handicapped

A CONTINUUM OF SERVICES

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped

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FOREWORD

This publication is specifically designed to give a brief overview of a full continuum of services for seriously emotionally handicapped students. It is intended to serve as a guide to educators and mental health care providers in the development and implementation of appropriate special education programs. It incorporates information regarding current programs and components necessary to improve existing programs. A bibliography of suggested readings and selected samples of existing programs are included for more in-depth study.

Originally printed and distributed in 1983-84, this report was reprinted and disseminated in 1986 as a section within the final report of the Indiana Committee on the Emotionally Handicapped. The format of the orignial report was in an 5 1/2 inch by 8 1/2 inch booklet. The format was changed for the second printing, and the contents of the Annotated Bibliography and the Selected Programs Samples were brought up-to-date. No substantial changes were made in the content of the text except for the reformatting of the material.

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INTRODUCTION

This report has been prepared for the Indiana Department of Education, Division of Special Education by the Continuum of Services Subcommittee of the Indiana Committee on the Emotionally Handicapped. It identifies the need for appropriate and improved services for emotionally handicapped children in Indiana. Components necessary for a continuum of services and a proposed plan for a full continuum of services for emotionally handicapped children have been delineated. The variables considered in the development of this model continuum are: severity of the handicapping condition, the need for pupil movement within the continuum, and program needs at different age and group levels.

Consideration has been given to the many different combinations of programs and/or services which may be required. Both narrative and visual representation of human and nonhuman resources necessary for the provision of an emotionally handicapped continuum of services have been included (see Figures 1 and 2). The narrative section of this report begins with a statement of the problems particularly associated with the delivery of services for Indiana's emotionally handicapped children. Emphasis has been placed in the proposed design for an "EH Continuum and Alternative Approach" to the delivery of appropriate educational services for this population.

A complete design for the continuum of services for emotionally handicapped children comprises the major section of the narrative.

The Appendices conclude the report and include a glossary of relevant terms and descriptors; an annotated bibliography (ERIC computer search); and a listing of selected programs for emotionally handicapped children.

Primary authorship for "Statement of the Problem" of this report is attributed to Dr. Albert Fink, Professor of Special Education, Indiana University, and a member of the Continuum Subcommittee. Primary authorship for the "Glossary of Terms and Descriptors" is attributed to Ms. Linda Hardin, Assistant Superintendent, MSD of Martinsville; Dr. Russell Trader, Psychologist, Madison Area Educational Special Services Unit; and members of the Continuum of Services Subcommittee. This entire report was written under the supervision of Dr. William Littlejohn.

STATEMENT OF THE PROBLEM

The development of a full range of services for the EH child, whether viewed as a national or a state goal, is a difficult and demanding task. Since the late '50s and early '60s continuous attention has been directed to the problem. Breakthroughs have occurred, in terms of a knowledge base, both for theory building and the advancement of programs. And yet one may wonder at the vast distance which needs to be traveled to meet even minimum standards of quality service for this population of children and youth. Part of the problem lies within the definition and understanding of who is to be served. Analysis of BEH 1977-78 statistics finds, for instance, that prevalence for the seriously emotionally disturbed approximates 2% of the population (1,026,340); of that group, however, 72% were deemed to be inadequately served, i.e., unserved or underserved. Of those served (28%), 43% were mainstreamed, 38% were in special classes, 14% were in special schools, and were 5% in other placements. A more current review of statistics collected by the U.S. Department of Education reveals that totals of identified SEH students have increased since 1979. During 1979-80, 0.79% of the total school age population was identified as SEH; in 1983-84, enrollment had increased only to 0.92%. These figures represent, in numerical terms, the scope of the problem of providing services to emotionally handicapped students.

While PL 94-142 mandates a full spectrum of special educational services, it is clear that in the area of the emotionally handicapped, there are particular and persistent problems in achieving this goal. At issue is not merely the quantity of services and service components that are required, but the appropriateness of that service. Unfortunately, in the state of Indiana, as well as around the nation, qualitative issues have tended to hold a lower priority than basic provision of services, and while this is to a degree understandable, given the mandates which exist, it is also clear that quality of service must receive a higher priority as time progresses.

What then are the continuing specific major obstacles to qualitative, effective services for EH children?

Assessment

To a significant degree, the diagnostic process may inhibit effective program delivery to needy clients. Characteristically, the total diagnostic process for EH children has relied upon four major sources of data utilized to provide information regarding the four interrelated dimensions of the diagnostic process:

Four Major Sources of Data

1. Case history material
2. Clinical/educational observations
3. Medical/psychiatric findings
4. Psychological test results

Four Interrelated Dimensions

1. Etiology, or causes of disorer
2. Differential diagnosis or process of sifting/sorting of data in order to rule out disorders which have overlapping symtomatology
3. The psychological indications for appropriate interventions
4. Prognosis and follow-up

As typically carried out, however, this process does not usually result in data adequate for educators faced with follow-up responsibility, including the construction of the IEP and relevant interventions. Required is an effective diagnostic system, one which examines and provides:

1. Understanding of the child's present situation--internal and external,
2. Practical and relevant interventions,
3. Relevant historical data,
4. Focus on developmental status,
5. Data from all aspects of the child's living environment,
6. Functional data--not labels or categories,
7. Patterns of the child's life, not listings, and
8. Relevant role for educators in the context of their work with other professionals.

For teachers, it is essential, especially in view of the IEP requirement, that assessment data lead directly and logically to a curriculum/program suitable to that assessment and that, in addition, evaluation of the effectiveness, or suitability of the intervention, be a continuous and rational extension of the first two functions. In fact, all three of these activities are interrelated (assessment-intervention-evaluation, leading to reassessment, reintervention, reevaluation) as continuous processes and as part of "assessment." Such functional assessment strategies are vital to the programming process.

In addition, the assessment process, to be effective, also must permit child movement within the continuum, i.e., it must not "permanently" identify and place children. In a sense, assessment/placement should be understood as a continuous process.

Intervention Process

A second obstacle to effective programming for EH children lies in the vagaries of the intervention process itself. Concepts of program, curriculum, behavior management, etc., are often poorly or inadequately understood or applied. They are frequently highly specialized or segmented. Intervention processes are needed, within any segment of the programming continuum or between the segments, which are coherently and systematically related to a child's need cycle. The goals of intervention must be understood clearly and shared by all who are involved. This must become part of the IEP. It is important to recognize that these goals may be social and academic and that program options for EH children need to permit the full range of learning opportunity. All too frequently, an artificial distinction is drawn between "psychological" and "educational" goals, with certain activities assigned to one area or the other. Educational interventions in the school setting must reflect learning needs in both cognitive and affective domains and be designed accordingly. An EH curriculum is not simply the "three-Rs" and a healthy dose of behavior management. The IEP should reflect both domains in a useful plan for instruction and the determination of related services.

Intervention processes must also take into account the role of the child in the decision-making process; the professional establishment must carefully and constantly resist the temptation to assume that it has absolute control over EH children. Due process provisions of PL 94-142, for instance, should be viewed as positive opportunities--not irrelevant rituals.

Parents should also be encouraged to actively participate in the development and implementation of certain aspects of programming. Their involvement in the intervention process is critical if meaningful programming is to occur.

Training of Teachers and Others

A third major obstacle to effective programming for EH children concerns professional competence and, in particular, teacher competence. The focus of this discussion, while it is upon the teacher, in no way is meant to suggest that competency questions are restricted to that segment of the professional support system, but simply reflects the essential educational nature of the services under discussion.

The 1980 National Needs Analysis in Behavior Disorders notes the following:

1. During the period 1978-79, the majority of teacher shortages (in severe emotionally handicapped) were in the 25 to 40 percent range (across all states);
2. Most states demonstrate that demand for qualified teachers exceeds the supply;
3. Temporary certification is often a "solution;"
4. Teacher attrition is high; and
5. Most states' training institutions combined are providing one-fifth, or less, of the needed teachers each year, for their states.

These rather dismal data are, by and large, applicable to the state of Indiana.

The issue is more than merely one of preservice training and initial certification of graduates; it includes the need to increase competencies for the large number of educators who become involved in the service delivery process. The concept of a continuum of service implies multiple and diverse service components and minimum competencies in general, as well as in special education, and common understandings across disciplines.

Interprofessional

A traditional obstacle to the effective delivery of services is the "turf" and status/hierarchy needs of the professionals involved. Since the continuum of service concept implies the necessity for effective and frequent interaction among many different professionals, i.e., a team approach, the resolution of this "age-old" problem is a top priority.

A related issue condones the importance of developing workable interagency agreements to permit more effective use of declining resources on behalf of this population. Interagency agreement should not only detail the policies and procedures effecting services but also establish mechanisms for collaborating services, credentializing personnel, allocating funds, and tracking students. Elaborate interagency agreements will only have impact if they reflect the reality of each community and are designed to be dynamic blueprints.

Life Planning

Educators have traditionally focused their attention upon detailed forms of special educational experiences for the emotionally handicapped. An effective service delivery system, however, will need to account for long-term needs of this population and, in particular, the personal economic factors of survival. The continuum of service concept must, therefore, take note of the career/vocational needs of this population. The interrelationships of service components for this population will, therefore, need to be more carefully worked out to deal both with resource allocation issues and total programming goals.

In addition, it may also be important to consider the role of residential alternatives in the development of life-planning objectives for the EH population. It cannot reasonably be assumed that all EH children and youth can manage normal environments; thus, other options must be available in the continuum of service.

DESIGN FOR A CONTINUUM OF SERVICES FOR EMOTIONALLY HANDICAPPED STUDENTS

Indiana's Constitution and statutes require education for all children. PL 94-142 and Indiana's statutes and regulations provide for a free and appropriate public education to all of its handicapped children. As Indiana schools have endeavored to provide appropriate programming for their emotionally handicapped students, it has become evident that certain programming alternatives are not accessible to many school corporations and that a statewide design for a continuum of services for emotionally handicapped students is necessary.

This section presents a continuum and related information which can help Indiana and its schools to provide a free and appropriate public education to all of its emotionally handicapped students.

Continuum and LRE

The continuum must provide for the principle of "least restrictive environment" (LRE). The LRE doctrine requires that handicapped students are to be educated in as close a proximity to nonhandicapped children as feasible. The LRE principle arose out of the due process clause of the 14th Amendment to the U.S. Constitution. Although many court cases have been based on the principle that all children have the right to a free appropriate public education, the courts have also addressed the issue of the appropriateness of educational programs as it related to the Least Restrictive Alternative concept. Two court cases that specifically related to LRE requirements are: The Pennsylvania Association for Retarded Children (PARC 1971) and Mills vs. Board of District of Columbia (1980). Other federal and state court cases have upheld the principle of LRE for placement of handicapped children.

The concept of LRE presents unique problems and opportunities for local education systems. It is obvious that much more than program modification is required to meet the LRE mandate. The attitudes, policies, practices, and structures of all education must be prepared for the change which will be generated by the movement.

In order to more adequately meet the conditions of this continuum, it is necessary to have a comprehensive conceptual framework for service delivery. Providing educational services for handicapped students in a least restrictive environment does not necessarily imply that every handicapped child should be placed in regular classes, but it does imply the importance of a continuum of educational services that will provide the most appropriate placement for all handicapped children. A continuum of educational services for emotionally handicapped students should represent a part of the overall continuum of services. The basic assumption of a continuum of services for any population of handicapped students is to permit students to progress toward normalcy. At any point of service in the continuum, a student should be able to progress through an array or "cascade" of services of varying restrictiveness. Opportunity for movement without significant barriers within the continuum is an essential ingredient.

Continuum and the State

Each school corporation should have an available, comprehensive continuum of services to assure education in the least restrictive environment. To date, many Indiana school corporations have not had comprehensive services for emotionally handicapped students. It is unlikely that every corporation could offer a full continuum of services in their respective corporations but on a statewide basis a continuum of services can be provided. Each corporation must have assured access to all levels of programming in the continuum regardless of which agency operates the particular programming option. Certain programming alternatives must be operated by the LEA or through a special education cooperative or other cooperative arrangement. Other programming alternatives demand operation by the state or through arrangements which might involve several special education cooperatives. A Continuum of Services for Emotionally Handicapped Students in Indiana is presented and explained in the next few pages.

PROGRAMMING CONTINUUM FOR
INDIANA'S BEHAVIORALLY/EMOTIONALLY HANDICAPPED STUDENTS

(SEVERITY OF HANDICAP)
LEAST — MOST

PROGRAMMING ALTERNATIVES

LEVEL I	LEVEL II	LEVEL III	LEVEL IV	LEVEL V
REGULAR CLASS	REGULAR CLASS +SPECIAL ED.	SPECIAL CLASS	SPECIAL SCHOOL	OTHER ENVIRONMENTS
FULL TIME REGULAR CLASS	PART TIME REGULAR CLASS	ALL OR MOST INSTRUCTION SEPARATE FROM REGULAR CLASSES	NO REGULAR CLASSESS ALL SPECIAL EDUCATION	EMPHASIS ON TREATMENT AND THERAPIES
SUPPORT PERSONNEL	SUPPORT PERSONNEL	SUPPORT PERSONNEL	SUPPORT PERSONNEL	
NOT ENROLLED IN SPECIAL EDUCATION FOR INSTRUCTION OR THERAPY				

LEAST — (TREATMENT EMPHASIS) — MOST
MOST — (INSTRUCTIONAL EMPHASIS) — LEAST

EXPLANATION: SEE DESIGN FOR A CONTINUUM OF SERVICES FOR EMOTIONALLY HANDICAPPED STUDENTS SECTION.

FIGURE 1

Explanation of the Continuum

Figure 1 represents a simplified overview of a continuum of services for emotionally handicapped students. An expanded version of the continuum is found in Figure 2. Figure 1 identifies five levels of placement or program alternatives. It indicates an increasing restrictiveness in the options as one would move from Level I to Level V. It also indicates a change in emphasis between treatment and instruction.

Generally, a direct correlation exists between placement restrictiveness and severity of the emotional handicap. The management of certain behavior characteristics in some cases is independent of this correlation. That is, because of instruction and treatment management requirements, occasionally pupils with clinically more severe emotional handicaps may be placed in less restrictive environments. Similarly, pupils with clinically less severe handicaps might require more restrictive placement to more appropriately manage behavioral characteristics.

A complex relationship exists among treatment, instruction, and placement restrictiveness. Emphasis on treatment usually increases with the restrictiveness of placement, whereas emphasis on instruction usually decreases as placement restrictiveness increases. With respect to program planning, treatment, and instruction, components are of equal importance, regardless of the emphasis on one or the other indicated by the IEP for a particular child. Restrictiveness of placement is then determined based on the child's need for special instruction and/or treatment.

COMPONENTS FOR A PROGRAMMING CONTINUUM FOR INDIANA'S BEHAVIORALLY/EMOTIONALLY HANDICAPPED STUDENTS

LEAST — PROGRAMMING ALTERNATIVES RESTRICTIVENESS — MOST

PROGAM PARAMETERS

PLACEMENT LEVEL	LEVEL I. REGULAR CLASS		LEVEL II. REGULAR CLASS andSPECIAL ED.		LEVEL III. SPECIAL CLASS	LEVEL IV. SPECIAL SCHOOL (DAY SCHOOL)		LEVEL V. OTHER ENVIRONMENTS				
PROGRAM OPERATOR	SCHOOL CORP.		SCHOOL CORP.&/ or SP. ED. COOP.		SCHOOL CORP.&/ orSP.ED.COOP.	REGIONAL PLANNING DISTRICTS		TREATMENT BY FACILITY OPERATOR/EDUCATION BY REGIONAL PLANNING DISTRICTS OR BY AGREEMENT				
EDUCATIONAL SETTINGS	Nominal support	Entry level support	Resource Room (Part-time reg. class)	Part-time spec. class	Full-time class in reg. school	Special School part-time with spec. class instruction and/or involvement	Special School full-time	Mental Health Center	State Hospital	Residential Center	Correctional Schools	Homebound
EDUCATIONAL SUPPORT PERSONNEL												
A. REGULAR CLASSROOM TEACHER	x	x	x	x								
B. PRINCIPAL	x	x	x	x								
C. COUNSELOR (ELEM./SEC.)	x	x	x	x	x	x	x	x	x	x	x	x
D. NURSE	x	x	x	x	x	x	x	x	x	x	x	x
E. SOCIAL WORKER	x	x	x	x	x	x	x	x	x	x	x	x
F. PYSCHOMETRIST	x	x	x	x	x	x	x	x	x	x	x	x
G. SCHOOL PSYCHOLOGIST	x	x	x	x	x	x	x	x	x	x	x	x
H. CLINICAL PSYCHOLOGIST			x	x	x	x	x	x	x	x	x	x
I. PSYCHIATRIST			x	x	x	x	x	x	x	x	x	x
J. SPECIAL COUNSELOR	x	x	x	x	x	x	x	x	x	x	x	x
K. SPEECH PATHOLOGIST	x	x	x	x	x	x	x	x	x	x	x	x
L. AUDIOLOGIST	x	x	x	x	x	x	x	x	x	x	x	x
M. BEHAVIORAL CONSULTANT		x	x	x	x	x	x	x	x	x	x	x
N. SPECIAL ED. TEACHER		x	x	x	x	x	x	x	x	x	x	x
O. EDUCATIONAL LIASION			x	x	x	x	x	x	x	x	x	x
P. STAFF OF RESIDENTIAL CENTER/FACILITY						x	x	x	x	x	x	x
Q. PHYSICAL THERAPIST			x	x	x	x	x	x	x	x	x	x
R. OCCUPATIONAL THERAPIST			x	x	x	x	x	x	x	x	x	x

NOTE: Crisis Room and Instruction in Isolation are available at all levels of the continuum.

Student Domicile may include home or residential settings which may include: hospitals, institutional group homes, foster homes in the community, full time institutions, full time correctional facilities.

Explanation: See Design for A Continuum of Services for Emotionally Handicapped Students Section.

FIGURE 2

Figure 2 maintains the needs-conceptual relationship of Figure 1 and includes other aspects of the continuum of services for emotionally handicapped pupils. These include (1) program operators, (2) personnel, (3) instructional/treatment setting, and (4) select planning districts which involve the assurance of comparable, available services throughout identified regions of the state without duplication of effort.

One of the important concepts in this continuum is that of Nominal and Entry Level Support. These concepts are contained in Level I. Several school corporations provide a nominal support to students experiencing emotional difficulties while in regular classes, but many do not provide adequate support at this level. The educational support personnel listed under Nominal Support should be working within each corporation to provide support for students to retain them in regular classes. The entry level for special education in Indiana now is represented in Level II, but the continuum presented here would recognize an earlier Entry Level Support in Level I. The availability of two additional support personnel--the Behavioral Consultant and the Special Education Teacher--increases the support over what is represented in Nominal Support. More importantly, the earlier recognized entry level concept includes an emphasis by the LEAs to assure sufficient personnel, direction, and time to work with the students to resolve problems without removal from the regular class. To implement the widespread use of this advanced entry level support, recognition by the state for certain financial assistance and certain work by support personnel would be necessary. Some school corporations already provide this earlier support, and it should be developed in as many schools as possible with or without additional state reimbursement.

Another important concept is reflected in the Educational Support Personnel listed. Most of the titles of positions are well known and many such personnel are now employed by Indiana schools and agencies. Three of the personnel listed--Special Counselor, Behavioral Consultant, and the Educational Liaison--should be explained.

The Special Counselor is included in the list in addition to the elementary or secondary counselor. Special Counselor is a generic term used here to describe someone trained in counseling who can focus on working with children, their parents, and teachers regarding behavioral and emotional problems. While elementary counselors often possess the skills, the time, and other necessary components to work with emotionally handicapped students, too frequently they don't. Emphasis in each school corporation to assure the availability of a Special Counselor for Level I, in addition to the other Levels, is essential for nominal and entry level support.

The term Behavioral Consultant is used by several corporations in Indiana (and other states) to describe a staff position or function. Various training backgrounds or licensure may be used to fulfill the function. Psychologists, counselors, social workers, and teachers experienced in working with the emotionally handicapped represent some of the successful training/licensure patterns which have filled the role of Behavioral Consultant. The main function for this type of personnel is to be available to design special program components and to work directly with teachers, parents, and students to help improve student behavior and performance. The role demands a restricted caseload and time to design and to meet with teachers, parents, students, and other support personnel. (See Appendix C for position description)

The Educational Liaison is another support not often found in Indiana schools but which represents a critical component for full programming and services for emotionally handicapped students. The major function of the Educational Liaison is that of being the person in the schools who remains aware of the emotionally handicapped students' placement and facilitates the students' movement between the various levels of the continuum. All too often, this critical change in placements is undertaken with little or no preparation by the receiving agency or school and with minimal information transfer. The Educational Liaison would have this responsibility and sufficient time and resources to prepare the way for and to follow-up on such changes. (See Appendix A for information regarding this role)

Another aspect of the continuum which should be explained is related to Level IV. Each school corporation should have the option of a special school or a day school for emotionally handicapped students. To accomplish this in Indiana, a sufficient number of special schools should be operated to allow each corporation to have a designated special school to which to send its students needing programming alternatives. Provision of this alternative statewide demands that a state agency be responsible to develop the network. Attention to residential needs, transportation concerns, and designated program operators along with financial support is critical to the development of this programming alternative.

SUMMARY

Eligibility criteria for special educational services have traditionally been the responsibility of the states. While federal regulations define handicapping conditions, it is the criteria specified in the state's definition that ultimately determines which children are eligible for special education and related services. The federal definition of emotionally handicapped has been interpreted somewhat differently by each state. Most handicapping conditions can be objectively determined. This is not true of the emotionally handicapped. For example, many emotionally handicapped children do not function on an academic level commensurate with their expected ability; some perform adequately, while others may excel two or three grades above.

Because of the lack of precise definition and the possibility of bias, extreme care must be taken to ensure efficient assessment and appropriate placement of identified children. Every precaution should be taken to determine whether all possible interventions have been used in the regular classroom as well as within the school (e.g., changing the location of the child's desk within the classroom, changing the child's placement from unstructured open space to a self-contained classroom to enable the child to interact within the school system in a more appropriate manner).

Options for placement include:

1. Consultative and resource services (nominal and entry level support) provided in the regular classroom,
2. Self-contained Class,
3. Special/Day School,
4. Residential Center, and
5. Homebound and Hospital Services.

The principle of the least restrictive environment becomes the key issue in the decision-making process. Major considerations include the degree of severity of emotional handicapping condition and the availability of assistance from the district special education personnel. If the child's emotional problem is considered mild and a specific intervention strategy can be provided by special educators, he may remain in the regular classroom all day. This strategy may consist of an individualized designed behavior approach (Level I).

For other students who are considered mildly emotionally handicapped, placement may be primarily in the regular classroom with more direct assistance from the teacher of the emotionally handicapped. For example, a child may spend as little as an hour or as much as half a day in the resource room or classroom for the emotionally handicapped. Here, various interventions may be used depending upon the teacher's orientation and the child's needs (Level II).

Moderately or severely emotionally handicapped children may require more full-time special services which can be received in self-contained classroom (special class). In this setting, the teacher of the emotionally handicapped is responsible for both the academic and emotional growth of the child. If and when the child reaches a certain level of appropriate behavior, he may be integrated into selected classes. This may include resource or regular classes. As the child successfully achieves the reintegration into some individual classes, more may be added until his entire day is spent in regular classes. However, some children with severe emotional problems may not be able to handle any mainstreaming. Some junior and senior high schools have arranged a "school within a school" (separate area/several rooms or wing of the school or when facilities permit, a separate building on the campus of the main building) for the emotionally handicapped students. The students are provided with all their classes; however, the numbers remain small allowing for more personal contact between teachers and students (Level III).

Certain students require more intense services. A special school is designed for emotionally handicapped students to provide their instruction and for more intensive treatment than is possible in the regular school buildings. The special school or day school may have a residential component, allowing twenty-four hour placement for some or all of its students. The degree of emotional disturbance of those students in special schools usually requires the services of nurses, psychiatrists or psychologists, and educators. As students are able to benefit from a learning situation, they may attend classes from 30 minutes per day to an entire day. Generally, the special school is structured so that as a student progresses, he is allocated more and more responsibility until he makes most of his own decisions and is functioning adequately in the subject areas. At this point, reintegration into the home school or self-contained class is attempted. Supportive services from the special school staff or from the teacher of the emotionally handicapped in the home school are provided as long as the student requires them (Level IV).

Students with chronic conditions requiring long-term treatment in a hospital or in their homes receive special instruction from homebound-itinerant special education personnel. The nature of the educational program depends upon the student's ability, level of achievement, prognosis, and likelihood of returning to school. Other variable environments provide services that include but are not limited to respite care and psychotherapy (Level V).

APPENDICES

Appendix A: Glossary of Terms and Descriptors

A partial listing is provided of definition of terms used throughout this publication. Other terms are defined within the specific context in which they are used.

Appendix B: Annotated Bibliography

This listing of suggested readings (articles and books) may provide the reader with further background on the development and implementation of a full continuum of services for the emotionally handicapped student.

Appendix C: Selected Program Samples

This selected listing of programs is intended to illustrate concepts and components of the continuum identified in the Design for a Continuum of Services for Emotionally Handicapped Students section of this publication. For additional information on any project/program described in the narrative, you may contact the director of the project directly.

APPENDIX A: GLOSSARY OF TERMS AND DESCRIPTORS

Adaptive Behavior - refers primarily to the effectiveness with which the individual copes with the natural and social demands of his environment. Included in this definition are: (1) the degree to which the individual is able to function and maintain himself independently and (2) the degree to which he meets satisfactorily the culturally imposed demands of personal and social responsibility.

Admission, Review, and Dismissal Process - those provisions within PL 94-142 which require the specification of timelines, professional and parent/guardian involvement (procedural safeguards), and procedures for screening and evaluation surrounding the identification, assessment/ evaluation, IEP development, program/services provided, and IEP anual review required for each handicapped child determined to require special education services to receive equal educational opportunity.

Alternative School - an academically, remedially, or skill-oriented program for adolescents that is markedly different from traditionally organized secondary schools.

Assessment - a process employing mental, social, psychological, or educational tests and observations to determine an individual's strengths and weaknesses.

Autism - a disorder (appearing by age 2) characterized by noncommunication, lack of social skills, withdrawal, developmental delays, and perceptual deficiencies.

Behavioral Consultant - one who observes student behavior and designs behavioral management programs to effect desired changes in student behavior and works directly with teachers, parents, counselors, and administrators. Qualifications for this position include observational and behavioral management techniques.

Behavioral Consultation - a systematic problem-solving process to guide teachers and parents to problem solution. Its goal is to change the behavior of the child in the setting in which it takes place.

Behaviorally Disordered - see Emotionally Handicapped.

Child Find - that provision within PL 94-142 which requires each state and local education agency or other public provider of special education services to identify and prescribe special services needed for handicapped children within the political subdivision.

Child Inventory - the reporting of numbers of handicapped children identified in need or receiving special education services to the state and federal education agencies for the purposes of excess cost funding available through PL 94-142.

Clinical Psychologist - a psychologist with a graduate degree, usually a Ph.D., and with additional supervised training and experience in a clinical setting, who specializes in the evaluation and psychological amelioration of mental disorders. Frequently, clinical psychologists work in medical settings in collaboration with psychiatrists and other physicians.

Continuum of Services - a concept based upon the belief that, considering the wide range of types of handicapping conditions, the varying degrees of severity, and the fact that students will need different amounts and types of assistance at various age levels, many different combinations of assistance may be required.

Counseling Psychologist - a psychologist who is professionally trained in the area of personality, marital, and vocational problems.

Crisis/Helping Teacher - a special education teacher who is available to help the emotionally handicapped child during a crisis. Normally, the student attends regular class, but when the child's coping capacity becomes overloaded, the student is transferred immediately to the Helping Teacher. The concept of the Helping Teacher is to provide intervention by a trained person at the effective time--during a crisis. (See "The Crisis or Helping Teacher," William C. Morse, pp. 294-302. In Conflict in the Classroom [2nd edition], N. Long, W. C. Morse, and R. Newman, 1971, distributed by Watsworth Publishing, Inc., Belmont, California 94002).

Educational Evaluation - procedures utilized to determine whether a child is handicapped and the nature and extent of special education and related services the child needs. The term means procedures used selectively with an individual child and does not include basic tests administered to or procedures used with all children in a school, grade, or class.

Educational Liaison - assists student in making transition from one placement to another within the continuum. Supervises initiation of the move and appropriateness of placement after student's adjustment and provides follow-up counseling. Qualification for this position might include knowledge of various teachers' instructional styles, curriculum design and modification, and problems in mainstreaming.

Emotionally Handicapped - a child with a severe condition exhibited over a long period of time and to a marked degree, which adversely affects educational performance and is characterized by one or more of the following: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic); (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) an inappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are socially maladjusted); (d) a general pervasive mood of unhappiness or depression; and (e) a tendency to develop physical symptoms or fears associated with personal or school problems.

Exceptional Child - one who deviates intellectually, physically, socially, and/or emotionally so markedly from what is considered to be normal growth and development that he requires a special class or supplementary instruction and/or services.

Free Appropriate Public Education - every handicapped child must be provided special education services and related services at public expense, and under public supervision and direction without charge. These services must meet the standards of the state eduction agency and a federal regulation. This includes preschool, elementary school, and secondary school education in the state where the child lives, provided in conformity with an individualized education program.

Handicapped Children - those children identified as mentally retarded, hard of hearing, speech impaired, visually impaired, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, or multi-handicapped or who have special learning disabilities; and who, because of these impairments, require special education and/or related services.

Homebound/Hospital Instruction - a service existing to provide for the educational needs of exceptional children who are unable to attend regular school because of their handicapping problem.

Individualized Education Program (IEP) - a statement of educational goals, objectives, and services for the handicapped child, which has been formulated--after relevant information and data have been gathered from standardized tests and developmental scales, from observations, interviews and work samples, and from consultants--by a special team or committee which interpretes the data for special education program planning. The IEP, as a part of the admission, review, and dismissal process, must be agreed upon by the child's teacher(s) and parent(s) and by an administrative representative with review and/or revision at least annually.

Intervention - design for changing behavior, medical, or health status of an individual, or a program change itself.

Itinerant Services - those services provided by specialists who travel among schools, homes, and hospitals. The services may include academic instruction, counseling, or therapy.

Itinerant Specialist/Teacher - specialist/special education techer who travels from school to school, home, or hospital to provide special services to the handicapped. In school, children usually leave their regular classroom to work with the itinerant specialist.

Least Restrictive Environment - any handicapped child requiring special education and/or related services must receive instruction with non-handicapped children to the greatest extent possible. Only if the child cannot benefit from instruction in the regular class, even with supportive services because of the nature or severity of the handicap, can placement then be in special classes and/or other than the regular educational environment.

Mainstreaming - a system for integrating handicapped children into regular classes, providing for their special needs through individualized instruction, tutoring, or spending a portion of their day with a resource or special teacher.

Multifactored Assessment - a programmatic response to that provision within PL 94-142 stipulating that "no single procedure shall be the sole criterion for determining an appropriate educational program for a child." Multiple factors, such as academic achievement, social/emotional development, and general health, special health considerations, language development, and motor development, rather than standard indices such as intelligence tests, are utilized to obtain a comprehensive profile of learning needs. Assessment, as well as educational programming, is individualized and multifaceted in nature.

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Nondiscrimination in Assessment - any testing or evaluation materials and procedures utilized for the purpose of evaluation and placement of handicapped children must be selected and administered so as not to be racially or culturally discriminatory. Also, testing and evaluation procedures shall be administered in the child's native language (usually interpreted as the primary language of the home) or mode of communication (as in the case of the hearing-impaired or visually impaired individuals).

Procedural Safeguards - those provisions within the new legislation which establish procedural due process for handicapped children and their parents or guardians, including notice, participation, and right of appeal. Significant among these rights or safeguards is parent participation in the development of the IEP.

Psychiatrist - a licensed physician who specializes in the diagnosis, treatment, and prevention of mental and emotional disorders.

Psychometrist - an individual who engages in the administration of mental tests, as well as a specialist in the statistical analysis of psychological data, particularly in the analysis of mental test data.

Public Agencies - include the state education agency (SEA), local education agencies (LEAs), intermediate educational units, and any other political subdivisions of the state which are responsible for providing education to handicapped chilren.

Related Services - include speech pathology and audiology, psychological services, physical and occupational therapy, recreation services, early identification and assessment of disabilities in children, counseling services, medical services for diagnostic or evaluation purposes, school nurse or other health services, social work services in schools, and parent counseling and training. Also included are transportation and other developmental, corrective, or support services necessary to help a handicapped child benefit from special education.

Residential School - a school, usually self-contained, where students live, going home only on major holidays or summer vacation; may provide programs for preschool or elementary grades through secondary level.

Resource Room - a classroom characterized by the provision of assistance to an individual or small group of students.

Resource Teacher - a specialist who typically provides services for the exceptional child and his teacher within a school; assesses the particular needs of such children, either individually or in small groups; consults with the regular teacher, advising on the instruction and management of the child, as well as demonstrating instructional techniques.

Respite Care - a service offering temporary rest or relief for a child or parent having difficulty coping with stressful experiences.

School Psychologist - a psychologist who specializes in the problems associated with elementary and secondary educational systems. Specifically, he may counsel or advise children, may help to plan curricular units, is alert to serious behavioral disorders, administers tests, and assists in the interpretation of test results to children, parents, and educators.

Social Worker - a liaison between the educational team, the family, and community agencies. He has specific understanding of family dynamics and can be a key in creating consistency between classroom and home. The social worker also assists and counsels the family, helps with long-range planning, and secures community services for the severely handicapped child and his family. The social worker's unique role also may be as liaison between institution and community to prepare a severely handicapped individual to leave a residential facility and adjust to his home, public school, and community.

Socially Maladjusted - individuals who display a lack of social responsibility and inability to conform even minimally to social norms.

Special Class - class organized, usually by a particular diagnostic label (such as emotionally handicapped or learning disabled), which has a full-time teacher and in which the student receives most of his instruction. Students are integrated into the regular class for only short periods of the day or not at all.

Special Education - specifically designed instruction, at no cost to the parent, to meet the individual needs of a handicapped child. Special education includes classroom instruction, physical education, home instruction, and instruction in hospitals and other institutions. Special education also includes speech pathology or any services consisting of specially designed instruction. Vocational instruction which is specifically designed to meet the needs of the individual in preparing him/her for paid or unpaid employment is also included.

Special Self-Contained Class - see Special Class.

Split Placement in Regular Class and Special Class - an emotionally handicapped child would spend a portion of the day in a regular class setting and the other portion in the Special Class setting.

Supportive Services - see Related Services.

Timeout Room - a facility that is arranged to minimize the reinforcement that an individual is apt to receive during a fixed time period. Procedures for using such facilities must conform to ethical and legal requirements.

APPENDIX B: ANNOTATED BIBLIOGRAPHY

Adams, David B. "ARTEC: Alternative to Institutionalization." Research In Education, June 1979.

For many years, social agencies and mental health professionals have been frustrated in their attempts to treat acting-out or delinquent youth. Proposed alternatives have usually resulted in minimal parental involvement in therapy and have also required that the adolescents leave their respective communities in order to be treated. The adolescent residential treatment and education center, or ARTEC, in Salt Lake City, Utah, is one approach to this problem, and preliminary research has indicated that it is providing an effective and needed service to the people of Utah. By combining various therapeutic approaches with a special education program, ARTEC has been able to demonstrate that behavioral change is possible and measurable in a residential treatment setting.

Algozzine, Bob. "The Emotionally Disturbed Child: Disturbed or Disturbing." Journal of Abnormal Child Psychology, 1977, 5(2), pp. 205-211.

Through analysis of behavior checklists completed by 90 teachers, 30 supervisors and psychologists, and 100 university students, behavior indicative of defiance in children was studied with respect to the relative degree of "disturbingness" which each was judged to reflect.

Alternative Education Report, 1979-1980. Research Report No. 3202. Research In Education, January 1981.

This study examined the form and availability of alternative education programs in suburban Cook County, Illinois, Public Secondary Schools. Alternative education was defined as any special program that is directed to specific academic, emotional, and/or work training needs of students. A survey was submitted to school districts to gather information on types of programs available and the number of students and teachers involved. Thirty-seven percent of the school districts reported having alternative programs implemented during the school day, 60% reported implementing evening programs, 82% reported offering programs for pregnant students, and 67% had programs for expelled students. A general summary of program characteristics and policies is included in the report, as well as a table that summarizes, district by district, the types of programs offered and briefly describes the individual characteristics of each program. The survey instrument is appended.

Apter, Steven J. and Conoley, Jane C. Childhood Behavior Disorders and Emotional Disturbance: An Introduction to Teaching Troubled Children. Englewood Cliffs, NJ: Prentice-Hall, 1984.

The text is intended as a practical aid to teachers and others working with children who have emotional disturbances. Four introductory chapters provide a historical background on the field; review recent versions of major classification schemes; describe the psychodynamic, behavioral, biophysical, socialogical, and countertheory conceptual models; detail the ecological orientation as a unifying perspective; and explain related systems (education, mental health, legal correction, and social welfare systems) and their roles. The second part of the text focuses on the school's role, with discussions on educational planning techniques and strategies, behavioral interventions (including prosocial skills training and life-space interviewing), mainstreaming issues (such as teacher preparation and consultation), and teacher-parent cooperation. Four types of home-school model programs are noted. A final chapter extends the ecological viewpoint into the future and offers guidelines for developing new programs and strategies.

Barksdale, Agnes W. "A Mobile Program to Provide Mental Health Services To Students of an Inner-City School and Their Families." Research In Education, October 1980.

A two-year (1977-1979) program was developed to increase mental health services to students and their families in an inner-city school. The counseling supervisor from the school district and the director of a mental health agency developed a mobile mental health program. Students and their families were not always able to go to the agency for needed services; therefore, the agency was brought to them. This practicum describes a two-year effort by which the counseling supervisor implemented the program at a pilot site, the Lehigh Elementary School. During the second year, it was expanded to four additional schools in the district providing needed mental health services to students and their families.

Braaten, Sheldon. "Madison School Model." Research In Education, October 1980.

The Madison (Minneapolis, Minnesota) school porgram provides intensive instructional treatment services to students 12 to 16 years old with serious emotional and behavioral problems. The primary goal of the program is to aid individual students to develop sufficient coping skills and self-based behavioral controls so they can successfully return to the mainstream programs as quickly as possible. Program components include a curriculum in the basic skills areas, five interrelated classrooms, individual and group counseling, a point system to reinforce appropriate behavior and provide feedback, behavioral contracts, and other reinforcements such as timeout, parent involvement, community agency coordination, and use of volunteers and practicum students. Appendices contain a behavioral objective sequence recording form, a behavioral objective sequence outline, a treatment plan form, a point sheet, and a contract form.

Buktenica, Norman A. and Beare, Paul L. "Multidisciplinary Approach to Rural Service Delivery: A Transactional Perspective," in S. Braaten (ed.) Programming for Adolescents with Behavioral Disorders.

Multidisciplinary team efforts to address educational problems of emotionally/behaviorally disordered students in rural areas are examined. The rationale for such an approach is considered from a transactional perspective which views behavior as a social phenomenon. The team organization and development goals are explained (including orientation to school and community), as are service goals (such as development of intervention programs that can become part of the existing structure of the school/community). Among problem areas cited is the feasibility of persons from a variety of disciplines working in a collaborate team context. Accomplishments found in an eight year evaluation of the team included mobilization of a parent advisory committee, establishment of a volunteer program, and establishment of a walk-in peer counseling center for students.

Burdsal, Charles and Buel, Charles L. "A Short Term Community Based Early State Intervention Program for Behavior Problem Youth." Journal of Clinical Psychology, January 1980, 36(1), pp. 226-240.

Describes an early stage of intervention program for delinquent youths consisting of three integral parts: working with children through camping, family therapy, and working with the children's school. The long-term follow-up clearly indicates an overall positive trend in support of the program.

Carpenter, Robert L. "Emotional Disturbance/Behavioral Disorders and a Delphi Approach to the Future." Behavioral Disorders, 1985, 10(3), pp. 198-210.

A Delphi technique was used to estimate the likelihood of a set of change statements concerning emotional disturbance/behavioral disorders using a national random sample of 900 teachers, special education administrators, and school psychologists. Despite certain significant differences between groups, there was general agreement regarding expectations and sentiments about the future of the field.

Chandler, Louis A. "Consultative Services in the Schools: A Model." Journal of School Psychology, Winter 1980, 18(4), pp. 399-402.

A model child evaluation center was established in a public school to demonstrate alternative methods for providing psycho-educational services and function as a field training clinic for school psychologists. The center was successful in encouraging teachers to utilize consultative services and in reducing referrals for psychological evaluation.

Chicola, Nancy and Sager, Nancy. "The Vital Link: Development of an Effective Continuum of Intervention to Meet the Needs of Emotional/Behavioral Disordered Students." ERIC document 152.570, 1983.

An itinerant/consultant program in Colorado provides services to children with mild to severe emotional and behavior problems. Three Itinerant Behavior Development (IBD) teachers service 24 elementary and five middle schools. The program, which expanded from behavior management to include curriculum modifications, overcame early staff resistance and is now generally accepted. IBD teachers work with teachers of self-contained classes to promote mainstreaming. Placement decisions are based on a level of intervention format. A case study of a 12-year-old with behavioral and learning problems is presented to illustrate the IBD philosophy of intervention and involvement with other staff.

Coberly, Lucille. "Providing Therapeutic Support Services For Emotionally Handicapped Secondary Students Through Cooperation with a Community Agency." Research In Education, August 1980.

The school programs of 60 secondary level emotionally handicapped students were supplemented with support services provided through a cooperative program developed between the school system and a drug abuse program. Objectives of the project, titled Special Education Intervention Project, were concerned with modifying students' undesirable behaviors and improving academic achievement. Three counselors were hired to provide therapeutic supportive services. Based on data from behavior ratings and assessment of achievement, it was found that objectives related to a decrease in aggressive, passive or withdrawn, anxious, immature, and inadequate behaviors were achieved. One objective related to other school behaviors was not met. Four of the six objectives for reading and arithmetic achievement were successfully met. Responses from techers, parents, and students on attitudes questionnaires were favorable regarding the effect of having counselors in the schools. Appended materials include a behavioral checklist, sample record forms, tables with behavior ratings, and sample questionnaires.

Coulter, W. Allan. "Adaptive Behavior and Professional Disfavor: Controversies and Trends for School Psychologists." School Psychology Review, Winter 1980, 9(1), pp. 67-74.

Three trends in adaptive behavior measurement are noted: (1) An awareness of the paucity of suitable scales, (2) sensitivity to the defects of adaptive behavior in the declassification of students previously labeled under outdated procedures, and (3) the use of measures for identification and intervention with emotionally disturbed students.

Dragoon, Marion and Klein, Robert. "Preventive Intervention to Reduce Conflicts Among Students." School Counselors, November 1979, 27(2), pp. 98-103.

Describes an intervention program at the Herbert H. Lehman High School in Bronx, New York. A conflicts class was introduced to reduce violence and tensions among students. Trust and openness increased, and fear of the loss of control was allayed through counseling, interpersonal relationships and activities, and video tape feedback.

Feigenbert, Marvin Edward. "The Development of a Technique to Prescreen Candidates for Further Testing for Classes for Emotionally Disturbed Children." Research In Education, December 1980.

The study involving six Philadelphia schools was designed to validate the circle test of honesty as a prescreening technique for identifying candidates for placement in emotionally disturbed (ED) classes. A search of the literature revealed a lack of research correlating moral judgment with identification of disturbed children or with rate of school progress but did turn up literature on the following related areas: emotional growth and intervention techniques, school skills and accelerating of progress rates, teacher identification of children with general need for special placement occupations and how children can be helped in occupational choice based on their socioeconomics or self-concept, morality education, identification, and delinquency. To prove that honesty as measured by the circle test can be a major determinant in whether or not a child needs special class placement, children who were considered by their teachers not to be emotionally disturbed were given the honesty test and compared to those who were suspected of being emotionally disturbed by their teacher or a psychologist. Findings included that children who have emotional problems that are severe enough to need psychological examination lack the moral judgment that the average child possesses; that children who are placed in self-contained emotionally disturbed classes improve in school skills over those who are referred by teachers but not placed by a psychologist; and that levels of aspiration as measured by vocational choice do not appear to influence the rate of progress in school skills. Appendices, which make up half the document, include a sample copy of the test battery, statistical tables, a sample permission letter to parents, a report on diagnosis and treatment of emotionally disturbed children, definitions, a critique of the test battery, and a chi-square table and proof.

Furneaux, Barbara. "The Diary of Henry." Special Education: Forward Trends, December 1979, 6(4), pp. 25-27.

The article traces the progress made by a hyperactive, mentally handicapped boy during his 3 1/2 years at a county day school for severely disturbed and psychotic children.

Grosenick, Judith K. "Public School and Mental Health Services to Severely Behavior Disordered Students." Behavior Disorders, 1981, 6(3), pp. 183-190.

This article presents one aspect of an analysis which originally examined several issues in the area of behavior disorders. Data indicate that the largest number of severely behavior disordered students are served within public schools. However, out-of-district placements and school admission techniques frequently keep such students less visible. Mental health services, particularly "state hospitals," appear to serve as one frequently used step in the placement process. Lack of collaboration between public schools and mental health services does not enhance the delivery of appropriate services. Options for service delivery are offered.

Harper, Denniis C. and Richman, Lynn C. "Preschool Screening for Behavioral Problems." Psychology In The Schools, June 1974, 16(1), pp. 38-42.

The purpose of the study was to establish developmental norms for material-related problem behaviors within a disadvantaged group of preschool children. The data are discussed in terms of their utility in assisting the school psychologist to select appropriate intervention strategies for the preschool child.

Hedberg, Sally. "Finding the Right Environment for Handicapped Students." Thrust For Educational Leadership, November 1979, 9(2), pp. 4-5.

A few tips for helping students who are designated as disabled integrate into the regular school setting socially, as well as academically, are offered to administrators and teachers.

Hoover, John J. and Collier, Catherine. "Referring Culturally Different Children: Socio-Cultural Considerations." Academic Therapy, 1985, 20(4), pp. 503-509.

When culturally different children are referred for suspected emotional/behavioral disorders, their native cultural customs and beliefs must be considered. Examples of withdrawn, defensive, disorganized, and aggressive behaviors are cited.

Horwitz, Robert A. and others. "Crisis Intervention for Young Adolescents: Theory, Practice, and Research." Research In Education, December 1980.

This report of a panel discussion focuses on the design, rationale, and evaluation of the Adolescent Crisis Unit for Treatment and Evaluation (ACUTE), a program of crisis intervention for young adolescents. An overview of the structure of ACUTE's clinical program describes the efficiency of the program in seeing referrals at the time of crisis and outlines the treatment involving collaboration with other community agencies. ACUTE's staff is multidisciplinary and includes social workers, a clinical psychologist, and a child psychiatrist. The model underlying ACUTE's approach is presented as an integration of six theories: (1) crisis intervention; (2) brief, task-oriented treatment; (3) psycho-analysis; (4) network/systems; (5) family systems; and (6) Stierlin's dialectical theory. ACUTE's ongoing evaluation research program is discussed, along with some of the methodological and practical difficulties of conducting research in a community setting.

Johnson, Virginia M. "Analysis of Factors Influencing Special Education Placement Decisions." Journal of School Psychology, Fall 1980, 18(3), pp. 191-202.

Results indicate that when one characteristic was present and more severe than the others, predictable placement recommendations were made. In more complex combinations, however, no general decision-rules could be found to explain the recommendations.

Kaufman, James M. and others. "Guidelines for Describing Programs for Behaviorally Disordered Children and Youth. B.C. Journal of Special Education, 1985, 9(1), pp. 11-17.

Eight key areas (philosophy, goals, definition of population, entry criteria and procedures, curriculum materials and methods, exit procedures and criteria, evaluation, and operational procedures) are considered necessary for a well conceptualized program description.

Kaufman, James M. and others. "Integrating Exceptional Students: Special Problems Involving the Emotionally Disturbed/Behaviorally Disordered." B.C. Journal of Special Education, 1984, 8(3), pp. 201-210.

The authors, asserting that proponents of integration have often built their arguments on mistaken assumptions, proceed to discuss these assumptions with regard to emotionally disturbed/behavior disordered children and present arguments for segregation and an appropriate procedure for reintegration.

Kennedy, James and others. "A Day School Approach to Aggressive Adolescents." Child Welfare, December 1976, 55(10), pp. 712-724.

A day school for aggressive adolescents organized cooperatively by a school system, a youth guidance center, and a state hospital is providing an alternative to institutionalization. Education and therapy are combined in a supportive setting.

Kerlin, Marcella A. and Latham, William L. "Intervention Effects of a Crisis-Resource Program." Exceptional Children, September 1977, 44(7), pp. 32-34.

Twenty-one third grade, black males of low socioeconomic status exhibiting problem behaviors were assigned to one of three settings: a classroom with a crisis-resource teacher who assisted regular teachers in establishing individualized programs; a class with a crisis-resource teacher only; and a classroom without services from a crisis-resource teacher.

LaPorta, John A. "Education Through a Treatment Process." Research In Education, April 1981.

The paper describes Youthdale School, a psychiatric day treatment facility in Ontario, designed to assist the continued functioning or reintegration of disturbed students (8 to 18 years old) in the community. The program operates on the premise that primary responsibility for the students' education is the parents' rather than a governmental agency's. Program aspects include similarities to and differences from regular school programs, program goals, contracts with parents for child care, school attendance, communication with school personnel, involvement in the child's academic program, and the educational approach which stresses individual and small group instruction.

Matuszek, Paula and Oakland, Thomas. "Factors Influencing Teachers' and Psychologists' Recommendations Regarding Special Class Placement." Journal of School Psychology, Summer 1979, 17(2), pp. 116-125.

This study investigated the recommendations for special services made by 76 teachers and 53 psychologists for children characterized through 106 case studies with reference to 16 variables. Results indicated that both groups consider IQ, test achievement, class achievement, and home-related anxiety important in making recommendations.

McGlothein, Jane E. "The School Consultation Committee: An Approach to Implementing a Teacher Consultation Model." Behavior Disorders, 1981, 6(2), pp. 101-107.

Approaches to providing consultation through "experts" external to the school building or through assigning consultation activities to special education staff who have full-time teaching responsibilities are fraught with problems. An approach involving skilled regular and special education teachers, building principals, and auxiliary personnel is effective. An outside consultant trains the committee to screen referrals; assess evaluation data; and design, implement, monitor intervention plans. This approach has been found effective for supporting behaviorally disordered pupils in the educational mainstream.

Montgomery, Mark D. "The Special Educator As Consultant: Some Strategies." Teaching Exceptional Children, Summer 1978, 10(4), pp. 110-112.

The article offers advice to special education teachers when they are consulted by regular teachers on learning and behavior problems.

Nelson, C. Michael and Stevens, Kay B. "An Accountable Consultation Model for Mainstreaming Behaviorally Disordered Children." Behavioral Disorders, 1981, 6(2), pp. 82-91.

A consultation model implemented over a two year period in a regular elementary school is described. Data describe how consultants spent their time and the outcomes of consultation for each case served. The model includes procedures for systematizing the consultation process and making it data-based and accountable. Problems encountered in implementing consultation in public school settings are discussed.

Noel, Margaret M. and Haring, Norris G. (ed.) Progress or Change: Issues in Educating the Emotionally Disturbed. Volume I: Identification and Program Planning. Seattle: University of Washington, Program Development Assistance System, 1982.

Seven papers focus on issues in identification and program planning for children with emotional disturbances. J. Kaufman reviews "Social Policy Issues in Special Education and Related Services for Emotionally Disturbed Children and Youth," touching on problems with the federal definition and terminology and suggests possible reasons for inadequate services to this population. Two major areas (conceptual and procedural) are examined in "Assessment of Behavior Disorders in the School Setting: Issues, Problems, and Strategies" by H. Walker. Biophysical, psychodynamic, behavioral, sociological, and ecological perspectives in assessment are considered, and a nine-step model is proposed by B. Algozzine ("Assessment of Severe Behavior Disorders"). S. Braaten presents "A Model for the Differential Assessment and Placement of Emotionally Disturbed Students in Special Education Programs," in which data are assigned priority ratings to convey the extent of the student's disturbing behavior. N. Haring reviews historical developments in "Perspectives on the Development of Educational Programs for the Emotionally Disturbed." Interprofessional and interagency collaboration are among the major topics considered in "Cooperative Full Service Delivery to Emotionally Disturbed Students" by F. Wood. Eligibility, placement, discipline (suspension, expulsion, corporal punishment), and related services are covered in "Administrative Issues in Educating Emotionally Disturbed Students in the Public Schools" by B. Tilley, J. Gross, and L. Cox.

Olson, Judy. "Mild, Moderate, & Severe EH: An Empty Distinction." Behavioral Disorders, February 1980, 5(2), pp. 96-101.

The survey of 175 Florida teachers of the emotionally handicapped (EH) found that five characteristics were thought to be descriptive of mildly disturbed children and five were thought most descriptive of severely disturbed children, while no consensus was obtained with regard to the moderately disturbed category.

Paston, Donald L. and Swap, Susan M. "An Ecological Study of Emotionally Disturbed Preschoolers in Special & Regular Classes." Exceptional Children, November 1978, 45, pp. 213-215.

Four emotionally disturbed preschoolers engaged in a higher frequency of disruptive behavior in a regular classroom than in a special class, and teachers in the settings responded differently to the disruptive behavior.

Ramsey, Russell and Ramsey, Roberta. "Educating the Emotionally Handicapped Child in the Public School Setting." Adolescence, Winter 1978, 13(53), pp. 537-541.

The authors urge educators to accept that behavior problem youngsters can no longer be barred from the public schools and that effective programs for these children need to be implemented.

Rubel, Robert. Assumptions Underlying Programs Used to Prevent or Reduce Student Violence in Secondary Schools. Washington, D.C.: Department of Health, Education, and Welfare, National Institute for Juvenile Justice & Delinquency Prevention (Department of Justice/LEAA), 1978.

A theoretical paper on school crime and its relation to poverty explores programs designed to prevent or reduce student crime and violence in secondary schools. Some programs are based on the assumption that pupils are competent to make rational decisions and take rational actions, and other programs assume pupils are not competent. Program areas explored are organizational modification, curricular/instructional programs, security systems, and counseling services. Specific programs of many different kinds are needed to deal effectively with problems of crime and violence in schools, although there was no striking difference in outcomes between programs that assume competence and those that do not.

Rugan, Donna. "Implementing the Rehabilitation Approach in Rehabilitation Mental Health Settings." Rehabilitation Counseling Bulletin, September 1980, 24(1), pp. 49-83.

Besides more traditional state agency settings, rehabilitation professionals may be found in community mental health centers, mental hospitals, and community residential settings. Suggests modification of certain state agency practices in order to allow counselors to work more effectively with clients.

Schleifer, Maxwell. "The Hyperactive Child. Maybe He Is Emotionally Disturbed, and Maybe It's Our Fault." Exceptional Parent, April 1979, 9(2), pp. 22-26.

The problems of a 12-year-old hyperactive boy are related by the child's mother and father and the child himself.

Simpson, Richard and Edwards, Linda. "Mainstreaming Behavior Disordered Students: A Perspective." Journal of Research and Development in Education, Summer 1980, 13(4), pp. 58-73.

Although the behaviorally disordered pupil may be among the most difficult to successfully reintegrate into the regular classroom, procedures do exist for facilitating this process. There are three kinds of integration: temporal integration or time stipulations, instructional integration, and social integration which defines acceptance by classmates.

Strauss, John and others. "Treating Children and Adolescents in the Same Psychiatric Inpatient Setting." American Journal of Orthopsychiatry, January 1980, 50(1), pp. 165-168.

The article explores the feasibility of integrating child and adolescent inpatient psychiatric care. Aspects to consider in setting up such a program include the nature of the integration (partial at first, using a child/adolescent tutorial model), the diagnostic categories to be integrated, the age ranges of patients, and staff preferences.

Upshur, Bernard. Analysis of a Satellite Program for Disruptive Children. Washington, D.C.: National Institute of Education, Career Education Program, August 1977.

The influence of special vs. traditional class placement on 43 maladjusted junior high students was investigated. Subjects were enrolled either in a self-contained setting (Satellite Program) or in a traditional departmentalized program. Tests were administered and attendance data was analyzed. Findings indicated that the control group subjects had more positive concepts of their behavior than subjects in the Satellite Program.

No statistically significant difference was found in reading gains by the two groups, and no difference was found in attendance patterns. Findings led to three assignments for disruptive students.

Vetter-Zemitzsch, A.; Bernstein, R.; Johnston, J.; Larson, C.; Simon, D.; and Smith, A. "The On-Campus Program: A Systematic/Behavioral Approach to Behavior Disorders in High School." Focus on Exceptional Children, 1984, 16(6).

The special program was designed to serve the most behavior disordered students effectively in facilities that are located within a local high school campus. It utilizes both structure and support to assist the students. A wholistic approach integrates psychological and educational interventions. A behavioral orientation provides a framework for implementing psychotherapeutic interventions. The strategies for change are designed to influence students within the context of five social systems: family, teacher-student relationships, peer culture, BD program-regular program coordination, and student community interactions.

The program has found success due to its inclusion of patients in counseling and support, the focus on problem solving, the integration of educational and psychological services, and the location of the program within the local high school.

Weininger, Otto. "The Cognitive Unconscious: Figurative & Operative Processes in the Learning of Disturbed Children." Interchange on Educational Policy, 1979 and 1980, 10(4), pp. 1-11.

The cognitive apparatus of disturbed children is discussed. An analysis of its relation to the emotional, sensory, and logical experiences and the effect on the child's learning ability is offered.

West, Edwin L. and others. "The Cool Connection: Alternative to Suspension." Middle School Journal, November 1978, 9(4).

One of the major strategies utilized to address the problem of suspension and expulsion in High Point, North Carolina schools was the establishment of alternative learning centers in each junior high school.

White, Maureen A. "Considerations in the Integration of Behaviorally Disordered Students into the Regular Classroom: Teacher Concerns and Considerations." Research In Education, 1979.

Reported are the results of a survey regarding the role of the teacher of emotionally disturbed in the reintegration process. Concerns identified in the study include: objective and clearly defined procedures for determining readiness for reintegration, definition of responsibilities of different educational personnel, teacher and classroom selection guidelines, strategies for promoting generalization of learned skills between the emotionally disturbed and the regular classroom, and inservice training needs regarding reintegration. Top priority inservice topics related to emotionally disturbed students indicated by this survey were behavioral characteristics, management techniques, teaching techniques, and learning characteristics.

Wiles, David K. and Rockoff, Edward. "In School Suspension Practices and the Prison Hospital Experience." Nolpe School Law Journal, 1977, 7(1), pp. 65-67.

Explores the legal implications of in-school suspension practices through consideration of individual versus institutional rights within a special punitive-rehabilitative setting. Argues that the prison hospital model is applicable to in-school suspension programs and discusses a number of legal questions raised by the prison hospital model.

Wilson, Joe C. "Spalding Junior High, Unit 1 Dropout Prevention Program." Maxi 2 Practicum, July 1977.

Potential dropouts were identified and special strategies were used to assist students in solving problems which caused them to become potential dropouts. Some of the strategies developed were: (1) faculty intervention with dropout prevention plans, (2) positive identification of potential dropouts, (3) personal counseling of selected students, (4) parental counseling, and (5) placement of students in alternative schools. Teacher attitudes towards the potential dropout have shown improvement. The potential dropout has also shown more interest in school activities as a result of the instituted strategies.

Wixson, S. E. "Two Resource Room Models for Serving Learning & Behavior Disordered Pupils." Behavioral Disorders, February 1980, 5(2), pp. 116-125.

The findings indicated that the two-component (direct and indirect service) resource room model successfully served a greater number of pupils than did the direct-services-only model. However, the two-component model achieved fewer successful program completions in the direct-services component than did the single component model.

Wood, Frank and others. Resource Catalogue: Educating Behaviorally Disordered and Emotionally Disturbed Pupils. Program Assistance Report #11. Minnesota University, Minneapolis, 1982.

The guide lists information on 56 resources (journal articles, books, reports, monographs) dealing with the education of children with behavioral disorders and published between 1950 and 1983. An introductory section reviews issues involved in the definition of the population, considers implications of the term "emotional disturbance," and cites an attempt to expand and clarify the definition found in the regulations for P.L. 94-142, the Education for All Handicapped Children Act. This section concludes with a review of educational treatment orientations, the history of professional associations involved with this population, and the changing roles of parents. The resources are arranged in 13 subject headings: assessment, characteristics and etiology, curriculum, behavioral general references, psychoeducational general references, general references, incidence, behavioral intervention, medical intervention, psychoeducational intervention, legal and philosopphical issues, programs, and parent information. Each citation lists title, author, publisher/producer, publication date, abstract, and descriptors. A discussion of legal advocacy for persons with emotional disturbance is followed by a list of materials for inservice education with regular and special education teachers.

Wood, Frank H. and Lininger, Robert. "Services to the Seriously Behaviorally Disordered/Emotionally Disturbed Students in Rural Communities." Monograph in Behavioral Disorders. Reston, VA: Council for Children with Behavior Disorders, 1982.

Services to seriously behavioral disordered/emotionally disturbed students in rural communities is affected by questions of eligibility, as well as issues pertaining to funding, centralization versus decentralization, the nature of services, the type of model utilized, and day school versus residential planning. The article reviews the options available and provides utilizes the resources of rural communities.

Yaffee, Elaine. "Experienced Mainstreamers Speak Out." Teacher, February 1979, 96(6), pp. 61-63.

Regular class teachers from Colorado Springs, where mainstreaming has been practiced for several years, comment on its advantages and disadvantages, their need for support, and the emotional and professional demands mainstreaming makes on them. Particular attention is given to the difficulties of handling emotionally disturbed children.

APPENDIX C: SELECTED PROGRAMS SAMPLES

Project: AGNES FULLILOVE COMMUNITY SCHOOL--EXTENDED SCHOOL PROGRAM

Director: Mr. Johann Bleicher

Mailing Address: 1600 Chestnut Street
Greenville, NC 27834

Phone Number: (919) 758-0817

Project Description:

Fullilove Community School in Greenville, NC is the site for a variety of educational programs designed to provide ecological support for at risk, educationally disadvantaged, and exceptional students from adolescence thru early adulthood. Activities are designed to fulfill three major functions: Personal Support, Academic Growth, and Job Preparation. In focusing an individual's needs, every attempt is made to avoid the segregating nature and lack of cohesiveness in many isolated programs which tend to remove special education from the real world. Fullilove Community School assumes the responsibility for ensuring the coordinated delivery of comprehensive services to its students.

Supported with Local, IV B, VI B, State Exceptional Child, Vocational, Extended Day, C.E.T.A., and Community Based Alternative monies, Fullilove presently employs a professional staff of twenty. Each semester the energies of at least ten University (ECU) students are added to the effort thru practicum, student teaching, and internship agreements with the schools of Education, Special Education, Social Work, Psychology, Recreation, Home Economics, etc. A continuum of services and settings is made available to students thru the direct involvement of other community agencies such as Mental Health, Vocational Rehabilitation, Social Services, Court Counselors, and the Health, Police, and Recreation Departments.

At present, these resources are coordinated and administered through the structure provided by two alternative school programs representing the Greenville City and Pitt County LEAs. The City's program operates from 8:00 a.m. to 3:30 p.m. and the County's from 3:30 to 7:30. From 7:00 to 10:00 additional adult courses are sponsored by Pitt Technical Institute. Students are helped to pursue a broad range of educational goals of which work preparation training, job placement, G.E.D. readiness, family living and child care skills, and entry to various other educational programs are the most common.

Two special classrooms for adolescents with learning and behavior problems function during the day. Known as Project C.A.R.E. (Changing Attitudes through Recreation and Education), these classrooms employ the basic structure of a Hewitt model in combination with highly motivating and therapeutic recreational activities. A van provides immediate access to local community resources and, on certain occasions, the four professionals and half-time social worker involve the group in planning and preparing for extended camping excursions.

Throughout, a supportive counseling approach is emphasized with behavior modification, goal setting, problem solving (a la Glasser), and individualized instructional techniques being eclectically applied. The designation of "Community School" refers to a basic commitment to the process that achieves a balance and a use of all instructional forces in the educational process.

Project: THE BEACON PROGRAM: DAY TREATMENT FOR CHILDREN AND ADOLESCENTS

Director: Mr. Thomas Dolan

Mailing Address: Gordinier Elementary School
29814 Smith
Romulus, MI 48174

Project Description:

The Beacon Day Treatment Program represents the coordinated efforts of mental health agencies and special education bodies to provide outpatient psychoeducational services to children and adolescents who have been identified as emotionally impaired within the provisions and legal parameters of the Public Acts and Laws concerning community mental health services and special education services in the public school system. The Romulus Community Schools and Northwestern Guidance Clinic are co-sponsors of the program, and they receive the necessary financial support through contract with the Wayne County Intermediate School District (Romulus Community Schools) and the Detroit-Wayne County Community Mental Health Board (Northwestern Guidance Clinic).

The program is designed to provide individual psychoeducational services to emotionally impaired students who do not require the comprehensive therapeutic milieu of a residential institution but who are too impaired to utilize the special education services available in their local schools. In addition, provision is made for students who require a transitional program between leaving an institution or residential placement and reentering local school programs. In both cases, our goal is to promote the development of skills that will enhance the student's successful return to the community classroom setting at the earliest opportunity. Students are involved in individual groups, classroom groups, multi-family therapy groups, social learning programming, and individualized educational programming.

Project: BEHAVIOR DEVELOPMENT PROGRAM

Director: Dr. Paul Porter

Mailing Address: Woodland Joint Unified School District
526 Marshall Avenue
Woodland, CA 95695

Project Description:

There are two components to the Behavioral Development (BD) Program in Yolo County. The Intensive Care Program (ICP), two self-contained classrooms for eight students each, is based at Gibson and Douglass Schools in the Woodland District. It will provide continual, direct service throughout the students' school day.

The Consultation Program (outreach) is a support service offered throughout the consortium. Its services directly support eight children based in their district classrooms. The BD staff consult with their teachers to set academic and behavioral goals. In addition, various other supportive services, such as counseling, assessment, aide time, etc., may be provided to these students.

Data collected during a detailed assessment process is used in the planning of specific goals and objectives for children in both programs. This is done in the first month in the program.

Diagnostic observations on the following are made during the first month of placement:

1. Emotional functioning
2. School adaptation
3. Academic functioning
4. Language development
5. Mode of learning
6. Self-help skills
7. Learning strengths and weaknesses

At that time, the BD staff, referring school agent, and parent formulate further Individualized Educational Plan (IEP) objectives. Behavioral objectives are written according to the Behavioral Characteristics Progression (BCP) charts.

Academics are emphasized in the BD program, although the emotional and behavioral remediation is the first priority. Assignment completion will be stresses as is attainment of behavioral treatment goals (affective). This is necessary to ensure continued cognitive growth and natural self-esteem.

Parent involvement is stressed in the Behavioral Development Program. The teachers act as a liaison between parent and program. Components include parenting skill groups, individual and family counseling, joint IEP development, home involvement, etc.

Inservice training is an important component of the program. All staff participating in the program are involved in at least ten ongoing inservice activities. Inservice education includes training in academic curriculum, affective skills training, BCP training, utilizing support services, evaluation, etc.

Project: THE BRAGTOWN PROJECT

Director: Mr. Tom Foire

Mailing Address: 320 Belvin Avenue
Durham, NC 27704

Phone Number: (919) 471-1554

Project Description:

The Bragtown Project is a day treatment program for children in the elementary grades who are experiencing school adjustment problems related to emotional development. In operation at the Bragtown Elementary School since 1972, the Project serves children enrolled in the Durham County Schools and is jointly funded by the school system, the Durham County Community Mental Health Center, and Wright School. The Re-Education approach, pioneered at Wright School, the mode of intervention used by the Project, views the child as one part of an ecological system and focuses on building a problem-solving alliance among all parts of the system in an attempt to create an environment where positive change can occur.

During the school year, eight children at a time are enrolled in the classroom, each for about three months. Admission and discharges are staggered to create a continual turnover and approximately 24 children are served during the school year. A separate summer program operates for six weeks and serves an additional 12 to 16 children. The classroom environment and activities are structured to provide maximum academic instruction as well as to provide opportunities for teaching, modeling, and shaping appropriate behaviors.

While a child is enrolled in the Project classroom, parents are involved in the intervention process in a number of ways. Most parents, for the duration of their child's stay, attend a weekly Parent Group which serves as a psycho-educational training group and peer support group. Parents who are unable to attend the Parent Group met regularly with staff members on an individual basis. All parents participate in the Admission and a Discharge Conference, as well as special family conferences as needed. An observation room has been provided for parents to observe their children at work in the Project classroom. The work with parents is designed to increase their understanding of the problems which exist, make them aware of their role in improving the situation, increase their positive feelings about their role as parents, and help them become comfortable dealing with personnel in a school setting.

Follow-up services are provided on request to the child, school, and family for an unlimited period of time. The temporary nature of the Project's involvement, however, is stressed throughout the day treatment process. The impermanence of the intervention and the emphasis on change in all parts of the ecological system are consistent with the central goal for every child, which is to begin a process of change which will continue long after the Project's active intervention has ended.

Project: CHILDREN'S BEHAVIORAL SERVICES (CBS)

Director: Joe M. Burnett

Mailing Address: 6171 West Charleston Boulevard
Las Vegas, NV 89158

Phone Number: (702) 870-9141

Project Description:

Children's Behavioral Services (CBS), one of six Southern Nevada Mental Health Programs for Youth, provides diagnosis, prevention, and treatment to children and adolescents who are displaying or whose prognosis suggests that they are at risk of severe emotional or behavioral disturbance. Children, adolescents, and their families are treated through a comprehensive range of direct mental health therapies including individual therapy for the child or adolescent, parent therapy, family therapy, parent therapy groups, developmental therapy for young children, social skills development, therapy/training for autistic-psychotic children, family-style residential treatment for children and adolescents, and secure hospital treatment for adolescents.

Referrals to all youth mental health programs begin with the intake/screening process through Outpatient Counseling Services. An evaluation of the client is conducted and recommendations for treatment are made.

Pediatric assessment and consultation are provided to children served by the agency. Psychiatric evaluation, screening, and consultation services are needed in court-related cases and cases of severe disturbance. Ongoing medical supervision protects the health and physical well-being of clients seen and ensures that psychological intervention is the treatment indicated for each client's condition.

Project: EDGEWOOD CHILDREN'S CENTER

Director: Ralph S. Lehman, ACSW

Mailing Address: Edgewood Children's Center
330 North Gore
Webster Groves, MO 63119

Phone Number: (314) 968-2060

Project Description:

Edgewood is a residential, day, and out-patient treatment center available year round for severely emotionally disturbed and learning disabled children between the ages of 5 of 17 including boys and girls. An on-campus therapy educational facility provides special education programming 11 months per year (September through July), recreational and other adjunctive therapy (e.g., art, music, movement, occupation), individual and group psychotherapy, and parent education and therapy for the parents of the children.

A trained, experienced child care staff (one for every seven to eight children) counsels the child in day-to-day living experiences and provides the child care and parental guidance needed for a healthy child-adult relationship. Social workers provide individual therapy help to the child and his family, work with groups of children and/or parents in group therapy sessions, and act as resource persons to the child care staff. A special education teacher, a teacher-aide, and volunteer tutors (for each classroom unit of seven to nine children) provide individual prescriptive educational help. Recreation and program staff, along with many volunteers, help the child experience success in doing at least one thing well, thus breaking the patterns of defeat. A psychiatrist, psychologist, educational specialist, and a pediatrician are available. The staff, with referral agency and community representatives, meet for weekly conferences where each child is discussed at least once every three months.

Project: DAY TREATMENT PROGRAM

Director: Mr. John Hess

Mailing Address: Clark County Special Education Cooperative
2710 Highway 62
Jeffersonville, IN 47130

Phone Number: (812) 283-0701

Project Description:

The Day Treatment Program is designed for intermediate aged emotionally handicapped children who require more intense programming than is available in self-contained EH classrooms. The program is provided through a special cooperative agreement between the special education program and the local community mental health center. A psychoeducational orientation is the foundation for the curriculum, and counseling is provided to the students. Affective educational goals are integrated into the curriculum through social skills instruction and behavior management.

The Levels System is a part of the Day Treatment strategy for developing increased self-control and responsibility in class members. The system provides a structure with clearly stated expectations and responsibilities. The system is built on the concept that reinforcement of positive behaviors diminishes negative or inappropriate behaviors.

Students monitor their progress with their teacher by following their individual point system and working toward advancement. The point systems are based on the annual goals and short-term objectives stated in the Individual Educational Plans. Points are earned continuously throughout the day (bus, class, counseling sessions, art therapy, P.E., etc.) in academic, behavioral, and social skills. Progress is determined by measuring the increase of appropriate behaviors and the decrease of inappropriate behaviors.

Staff meetings are held every Friday to review each student's performance and to revise individual expectations. Level changes (with the exception of advancement to Level II) are made at these meetings and go into effect the following Monday.

The system consists of five levels: Level I (Entry Level), Level II, Level III, Level IV, and Ground Level (Disciplinary Level).

Since the Day Treatment Program represents a level of restrictiveness, a major goal for each student is to return to a less restrictive environment. A special transition and follow-up program is designed for each student to facilitate return to a regular school where they will receive the special services necessary to maintain success.

As a student advances through the Levels Systems, the amount of possible points to be earned decreases as a result of longer time periods between awarding points.

If a student fails to meet requirements to maintain his/her current level status, he/she will be placed on probation (going down to previous level privileges) for one week before being removed to lower level. During the probation period if he/she earns 80% of the possible points, he/she will regain the privileges of the original level.

At the time a student surpasses the maximum amount of time-out periods for a given level, he/she must start all over again to meet requirements for advancement.

Each level's expectations and privileges include those of lower levels.

Level I and Ground Level students are under direct supervision at all times during the day.

Project: DeKALB-ROCKDALE PSYCHOEDUCATION CENTER
NORTH HIGH SCHOOL ACADEMIC PROGRAM

Director: Linda DeMarlo

Mailing Address: Sexton Woods Center
3601 Sexton Woods Drive
Chamblee, GA 30341

Phone Number: (404) 455-3916

Project Description:

The North DeKalb Center High School Academic Program serves severely emotionally disturbed adolescents 15-21 years of age from DeKalb and Rockdale County School Systems and Decatur City School System. On a continuum of services for emotionally disturbed youth, this center provides the most restrictive school environment available within any of the school systems. Consequently, placement in the center is made only after careful consideration of the students' needs and after it has been determined by the center intake team and professionals from other involved agencies that this center is the most appropriate placement for the child.

North DeKalb Academic High School Program uses a level system to provide the students with opportunities to accept responsibilities and privileges in return for increasingly responsible behavior. The system is designed to provide a structure for both staff and students in the identification of behavioral and social expectationis for the students. It allows them to constantly monitor their own progress, as well as to see the possibilities of advancement through the program.

Adolescents who are referred to this center may be exhibiting a variety of presenting problems. Combinations of the following presenting problems may provide criteria for center placement:

1. Previously diagnosed psychiatric disorders: severe depression, chronic/severe anxiety, extreme withdrawal or regressive behaviors, phobic reaction, psychosis (borderline or stabilized), developmental delays, extreme hyperactivity, etc.

2. Serious aggressive acting-out behaviors when it can be determined that the behavior is a result of an underlying psychological problem and not primarily a power struggle between the youth and the authority figures of society in general. Adolescents who have attempted or actually carried out felonious crimes will not be considered for center placement.

3. Evidence of a sudden deterioration of coping skills following environmental trauma.

4. Extremely poor or nonexistent relationships with peers.

Additionally, many adolescents referred to the center have other presenting problems, such as neurological impairments, severe learning disabilities, and retardation (both functional and organic). However, in order to be considered for center placement, it must be determined by the clinical intake team that the major presenting problem is emotional in nature.

Placement in the center is made upon completion of an extensive referral-intake-staffing process. During this process, information is collected concerning the presenting problems of the adolescent in the home setting, school setting, and community setting in order to determine the existence of an emotional disturbance. Records are collected from the student's current school placement and from any other agencies, public and/or private, that may have information pertinent to this decision-making process. This information is presented to the center screening committee who decide whether or not an intake is appropriate. The intake process includes a psychological evaluation of the student which includes personality and projective testing, and a social case history which is obtained from parents/guardians and any from other involved agencies or professionals. Upon completion of the intake process, a staffing is scheduled at which time recommendations for appropriate placement are made.

Project: GREEN BAY'S COOPERATIVE APPROACH FOR PROGRAMMING FOR EMOTIONALLY DISTURBED CHILDREN

Director: Richard Herlache, Supervisor of Special Education ED/LD

Mailing Address: Green Bay Area Public Schools
525 South Madison
Green Bay, WI 54301

Phone Number: (414) 497-3970

Project Description:

The program operated by the Green Bay Area Public Schools is located at the Brown County Mental Health Center and is an extension of the local program for emotionally disturbed children. This joint effort by a community resource and a public school system is a unique approach to providing services for emotionally disturbed children. The educational program focuses on the development of appropriate and effective academic methods and materials and appropriate behavioral controls for its children.

The public school system provides regular classroom teachers and special educational personnel (diagnostic teacher) and instructional and non-instructional materials. The Mental Health Center provides the classroom space and utilities. There are numerous mutually agreed upon programming alternatives. Each child referred to the Mental Health Center for possible admission receives a full evaluation including social work, psychiatric, psychological, medical, and educational evaluations. If the child is placed, a comprehensive plan of services is developed. Through ongoing evaluation, the total program is adjusted to meet the changing needs of the child. An educational liaison and the receiving school design a final discharge plan. This feedback program will follow the student until a satisfactory adjustment is made.

The key to the success of this program has been the ongoing communication between the Brown County Mental Health Center staff and the Green Bay Area Public School System which serves as a vehicle for assessing program progress/effectiveness and the identification of problem areas.

Project: GUIDELINES FOR BEHAVIORAL MANAGEMENT

Director: Susan Sullivan, Supervisor of MoMH and EH Programs

Mailing Address: O'Brien School
21 Walter Street
South Bend, IN 46641

Phone Number: (219) 291-5066

Project Description:

This is to provide special education teachers with guidelines which allow them to develop safe, practical, yet effective behavior management programs. These guidelines are based on: (1) law and recent litigation, (2) the need for staff to control student behavior so that effective educational training can take place, and (3) the accountability of teachers to provide an established procedure which, when followed, will lend support for their programs by the School Corporation and offer protection under the law.

These guidelines assume that special education students have basic rights in the classroom and should be treated as normally as possible despite their handicapping condition. Because these students may not comprehend that their due respect and dignity are possibly being violated, programs designed to manage or change their behavior must be closely scrutinized as to their fairness by the behavioral consultant, teacher, and parents of the children. Therefore, management programs should be written and their effectiveness accurately assessed with the results being available to all concerned upon request. This process provides parents, school, and teachers with the necessary information to evaluate and justify a program, thereby insuring a student his right to effective and least restrictive programming.

When dealing with inappropriate behaviors, the specifics of the situation will indicate which of the following responses is appropriate:

1. Positive Procedures
2. Ignoring and Correction Procedure
3. Rules of Thumb Techniques
4. Response to a Crisis Situation
5. Written Behavior Program

Research and experience have shown that students' learning is enhanced by a positive enriched environment. It is the responsibility of the classroom teacher to create such an atmosphere. The guidelines assume that positive behavior management techniques have been utilized and shown ineffective before aversive management techniques can be considered. When aversive components are deemed necessary, positive techniques must remain an integral part of any behavior management program to increse or maintain appropriate behaviors.

Behavioral Consultant--Position Description

The Behavioral Consultant will:

Report to the Director of Programs for SMR/PMR/mmh
Report to the Director of Special Education

The Behavioral Consultant will be responsible for:

1. Providing teachers with strategies for dealing with each problem behavior by:
   - (a) discussing problem with teachers and staff
   - (b) observing problem behavior in viva
   - (c) suggesting behavior change program
   - (d) presenting and explaining to staff and providing support needed to conduct programs
   - (e) supervising all ongoing behavior management programs

2. Evaluating behavior change strategies as to their effectiveness and practicability for specific classroom use by:
   - (a) assisting and instructing staff in methods of recording data
   - (b) assisting in receiving parental and supervisory permissions to use specific methods suggested
   - (c) providing materials necessary for monitoring specific behavior programs
   - (d) following-up with discussions and observations with staff to analyze and evaluate programs
   - (e) observing programs in operation

3. Enforcing and supervising use of SBCSC Behavioral Guidelines in programs for SMR/PMR/mmh or where consultation is required by:
   - (a) monitoring all new and ongoing behavior management programs

4. Protecting a student's right and human dignity while providing support and protection to teaching staff through:
   - (a) implementation of Behavioral Guidelines
   - (b) communication with staff and supervisors
   - (c) observation of programs and classroom situations
   - (d) communication with parents and other professional staff
   - (e) interpretion of recent professional information and research data

5. Assisting in teacher training in appropriate techniques, record keeping, development of IEP, alternative strategies, and child management techniques by:
   - (a) being available to staff during school day
   - (b) acting as resource person for research, reference, etc.
   - (c) interpreting SBCSC Behavioral Guidelines
   - (d) assisting staff in dealing with parents and other professionals working with child
   - (e) developing specific inservice training programs

Project: JORDAN RESOURCE CENTER

Principal: Ms. Dorothy Cosgrove

Mailing Address: 433 East Center Street
Midvale, UT 84047

Phone Number: (801) 255-5611

Project Description:

The Jordan Resource Center is an alternative program for severely handicapped students living in the Jordan School District. It was designed to provide intense academic and behavioral remediation for students with severe handicaps and to support regular education's mainstreaming efforts in the neighborhood schools. The Jordan Resource Center assumes responsibility to provide service to seriously emotionally disturbed students and to establish and conduct inservice training programs for parents and teachers working with emotionally handicapped students.

The staff at the Center is comprised of a principal and teachers certified to work with severely handicapped students, as well as paraprofessionals called training specialists. They all have extensive training and background in behavior management techniques including skills in data collection, task analysis, contracting, reinforcement, extinction, shaping, mainstreaming, and generalizing behaviors. Additional staff members include two full-time and one part-time guidance specialists responsible for parent and student therapy programs, additional program development, and crisis intervention. Support staff members include counselors, social workers, a school nurse, a school psychologist, a physical education teacher, and a speech therapist.

The assessment, treatment, and prescription programs in this multimodal framework must include all related services necessary to complete the total program. Back-up resources from medicine, physical therapy, occupational therapy, and social services (individual and group counseling) are utilized. As part of the multimodal approach, the Resource Center has developed parent-education and training programs. Three types of therapeutic programs offered are: (1) Family Therapy, (2) Individual Therapy, and (3) Group Therapy. The combination of these therapeutic programs with the parent training programs provides a comprehensive system to support the Center's social activities.

Project: LEARNING CENTER PROGRAM FOR EMOTIONALLY HANDICAPPED STUDENTS

Director: Paul F. Lane

Mailing Address: Greater Lafayette Area Special Services
2300 Cason Street
Lafayette, IN 47904

Phone Number: (317) 448-4640

Project Description:

Greater Lafayette Area Special Services (GLASS), a special education cooperative is jointly sponsored with Wabash Vally Hospital Mental Health Center (WVHMHC), a therapeutic education and treatment program which is housed at the Downtown Lafayette Center of WVHMHC.

This Learning Center program is specifically designed for emotionally handicapped students age 5 through 18 who can benefit from the integration of individualized instruction, structured daily activity, supportive counseling services, and preparation for employment. The program provides maximum support services to students, with the primary goal being re-entry into the mainstream of public education.

Placement in the Learning Center is made upon completion of an extensive referral-evaluation-case conference process. On the continuum of services for emotionally handicapped students, the Learning Center program provides the most restrictive environment available in the GLASS cooperative.

The Learning Center program functions as an extension of the home school K through 12 curriculum. While attending the Learning Center program, the student remains officially enrolled in his home school. High school students earn credits toward graduation through their home school.

Each student is seen in a combination of individual, group, and family counseling, with the intensity of these supportive services depending on individual needs. At least one form of therapy is considered an integral part of the child or adolescent's treatment plan. It is expected that each family will be involved in counseling during the period the student is enrolled in the Learning Center.

The Learning Center program is not designed as a long-range placement for emotionally handicapped students. Although many students will remain for at least one or two semesters, it is hoped that as a result of the intensive educational remediation and therapeutic intervention, most students will return to the home school for partial, if not full-day, programming. A critical component of the program is the follow-up activity. The GLASS Learning Center coordinator provides this consultation function at the receiving school on both a regular and as-needed basis.

Project: MARK TWAIN SCHOOL

Director: Dr. Ronald LaNeve

Mailing Address: 14501 Avery Road
Rockville, MD 20853

Phone Number: (301) 762-8335

Project Description:

Mark Twain School is a public school located in Montgomery County, Maryland, a suburb of the Washington, D.C. metropolitan area. Mark Twain serves 425 seriously emotionally disturbed students in grades six through twelve. Many educational alternatives are provided for the students. In addition, individual and group counseling is provided by the Mark Twain teachers/advisors. "Therapy" is not provided for Mark Twain students by the public school system. The program includes a Middle School, a Senior High School, Alternative Education Program, and the Samuel Clemens Program for students who are both learning disabled and seriously emotionally disturbed. The Satellites and Educational Support Center are extensions of the Mark Twain program designed to mainstream students. These programs are based in the regular Montgomery County Public Center in each Administrative Area. At present, there is a Satellite and Educational Support Center in Area 3 and a Satellite in Area 2.

The primary goal of the program is to help students develop academic skills and modify inappropriate school behaviors so they can return to and be successful in a regular school environment or successfully enter the world of work.

The record of accomplishments of the Mark Twain program since the program opened in February 1971, is very impressive. During 1981-82, a formal follow-up study of Mark Twain students was conducted. The results of that study indicated that 75% of the Mark Twain students who were recommended for return to regular schools were successful. "Success" in the study was determined by: (1) regular attendance at school, (2) achieving at least passing grades, and (3) not being seen as a significant behavior problem by the local school administrators or counselors.

The citizens of Montgomery County, Maryland, believe that children will determine the future of our world. Tremendous support is provided for the public schools. The citizens have made a financial commitment to provide programs to meet the needs of all handicapped children. The support provided for the Mark Twain programs clearly demonstrates that the citizens of Montgomery County believe that it is as important for a public school system to allocate additional money and resources to provide a special program for seriously emotionally disturbed students designed to help these students develop mature, responsible behavior patterns and take their place as adults in our society.

Project: MINNEAPOLIS PUBLIC SCHOOLS PROGRAMS FOR STUDENTS WITH SERIOUS ADJUSTMENT PROBLEMS

Director:	Mr. Sheldon Braaten
Mailing Address:	Harrison Special Education Program 1500 Glenwood Avenue Minneapolis, MN 55404
Phone Number:	(616) 374-5182

Project Description:

The purpose of the Clinton Junior High School Program is to aid individual students to develop sufficient coping skills and self-based behavioral controls so they can return to mainstream programs as quickly as possible.

The primary treatment approach focuses on managing the conditions under which the student attends school. A general school behavior monitoring and reinforcement plan, including the use of contracts, an overall point system, and tangible reinforcers, has been established, as well as counseling, family counseling, and peer group therapy.

A homeroom environment (initially self-contained) is the basic unit for beginning the process of turnaround for each student. Each environment has a team of primary care staff, consisting of a teacher, instructional aides, and a support staff member, and has a maximum capacity of ten students. As individual students demonstrte an ability to be successful in their homeroom environment, additional resource areas in the school are developed and movement of such students into the new resource area begins. As the available overall school environment expands, the students are required to successfully interact with an ever increasing number of staff and peers. It can eventually include extended field trips and participation in other stimulating activities away from school.

This is a multifaceted program. The program consists of the following components:

1. Five small environments are carefully structured to meet the special needs of this population.
2. Individual, small group, and family counseling services are provided to each student and his/her family upon a need basis.
3. The entire school program is based upon a team concept.
4. As students develop better internal control, i.e., integrate adaptive behaviors which serve them well under stress, they are moved into larger environments.
5. The re-entry of a student to mainstream education is a critical phase in the student's readjustment.

Project: NORTH METRO CHILDREN'S CENTER

Director: Lawrence Winer

Mailing Address: 846 Huff Road, N.W.
Atlanta, GA 30318

Phone Number: (404) 352-3720

Project Description:

The North Metro Children's Center was established by Dr. Arthur Bilyeu in July 1974. It was part of Georgia's 24 psychoeducational centers network. This network is funded by the Georgia State Legislature and administered by the Georgia Department of Education. The network provides community-based services to children who have severe emotional and/or behavioral problems and their families. These programs are housed, for the most part, in public school buildings, which allow for maximal opportunities for mainstreaming the children. NMCC utilizes a behavioral technology with a full range of humanistic, as well as behavioral and more traditional, intervention procedures, including individual, as well as group and family therapy.

There are four types of children between the ages of zero and twenty-one (0-21) served by the center in half- or all-day classes.

The center staffing includes 15 state-supported teachers and a similar number of assistants, two psychologists, a program evaluator, four social workers, an instructional coordinator, office personnel, and a director.

The services provided at the NMCC include diagnostic services and non-traditional assessment procedures and psychological, educational, psychiatric, and social services. Parent family services are an integral part of the NMCC program.

Psychoeducational classes are offered on a half- or full-day basis, five days per week per child ages five through twenty-one (5-21). Consultation and follow-up services are provided to schools, agencies, and teachers of students being served by NMCC. Day treatment focuses on language development, socialization, fine and gross motor skills, academic skills, and music and art therapy. It operates a 12-month program.

The Infant Program provides diagnostic and support services for infants (birth to 48 months) and their parents in a primarily home-based program to teach parents to interact more effectively with their developmentally delayed, motorically and/or sensorially impaired, or physically handicapped children.

Project: THE PITTSBURGH SECONDARY SCHOOL MODEL

Director: Dr. Noami Zigmond

Mailing Address: University of Pittsburgh
Program in Special Education
Forbes Quadrangle - Suite 5 M01
Pittsburgh, PA 15260

Phone Number: (412) 624-5163

Project Description:

The Pittsburgh Model, developed originally for urban secondary schools, has been successfully transplanted to suburban and rural secondary schools in Western Pennsylvania. The Model stresses regular class teacher involvement and maintenance of the pupils in the mainstream. It is staffed by two specialist teachers for each unit plus a school psychologist. Service is both direct to students who spend one or two periods per day in a learning lab and indirect, in that consultation is given to regular class teachers so they can help learning disabled pupils in their classes.

In addition to the specialist teacher who devotes time to being a resource for regular teachers in their own classes, there is a learning lab teacher. This is a specialist in the remediation of pupil weaknesses in reading, mathematics, spelling, and writing.

During the first month of school, the resource teacher and the learning lab teacher jointly visit each regular class teacher. The learning lab is described, and pupils may refer themselves for assistance.

In the meantime, the school psychologist had made a visit to the pupil's home, explained the program to the parents, and received permission to do the necessary psycho-educational examinations. After the decision to admit the pupil to the program has been made, the school psychologist is responsible for the due process formalities and for whatever further conferences are appropriate to ascertain the parents' full understanding and agreement. There is a parent education component with two purposes: One is to explain what the child's teachers are doing and why; the second is to help parents learn to successfully deal with learning disability and/or behavior disorder problems that extend into the home, or perhaps originate there, especially child management and control procedures.

Diagnostic teaching is used and instructional materials are matched to pupil interests (newspaper sports pages or sports magazines for basketball or football enthusiasts; camera or motorcycle or rock group articles for others). Plans are short-range and flexible. What was learned and what continued to maintain interest in yesterday's lesson leads to what is in today's lesson. The results of today's work will determine what is planned for tomorrow.

Though based on informal educational diagnosis in the teaching situation, the instruction is carefully organized. There is continuous assessment of pupil needs based on error analysis. What the pupil wants to be able to do well, but does not (errors), becomes the instructional goal. The pupil participates in that decision. Lesson plans follow and so does the record keeping needed to keep track of progress. Pupils do much of that, too.

The resource teacher, the learning lab teacher, and the regular class teacher team to provide the skills pupils require. They are of two kinds: school survival skills and academic skills. The former subdivide into study skills, behavior control, and teacher pleasing actions. Academic skills include those associated with the language arts and mathematics.

Project: RE-ED SCHOOL OF KENTUCKY

Director: Donald Alwes, Director
Laura A. Brito, Dissemination Coordinator

Mailing Address: Project RE-ED
1804 Bluegrass Avenue
Louisville, KY 40215

Phone Number: (502) 368-2591 or -2592

Project Description:

RE-ED School is a regional (seven county) program intended to provide short-term treatment classes for emotionally disturbed/behaviorally disordered children unable to function in regular classrooms. It is designed for pupils in grades 1-8 of average or above-average academic/intellectual potential, exhibiting characteristics of emotionally disturbed/behaviorally disordered children as defined by federal and state guidelines, particularly age-inappropriate behavior. Its objective is to help such children achieve enough reorganization to allow them a higher probability of success than failure in a regular classroom. The emphasis is on unlearning negative behavior patterns and learning positive ones. Meetings with parents are designed to encourage positive parental behaviors and management.

Individualized academic and behavior-change programs, based on problem identification and education pretesting, are employed. Goal-oriented records are kept for each child by a team composed of a liaison teacher/counselor, day teacher, children's program specialist, educational specialist, and others.

RE-ED is the only facility in the nation that has taken a mental health concept into an educational setting; it has successfully enjoined the State Department of Mental Health and state and local departments of education to unite for the good of emotionally disturbed/behaviorally disordered children. Children are referred through the local schools with parental permission. The program includes an individual educational plan. These plans begin and end with parental participation, group dynamics, and gross motor activities. Monthly written reports on the child's behavioral and academic achievement are sent to the referring teacher. Parents are involved in child-management programs. Visits to RE-ED by the referring school's counselor, principal, and teachers are geared to keep parents and school secure in the belief that the child belongs to them and that RE-ED is the least restrictive placement.

Project: SCHOOL/MENTAL HEALTH COOPERATIVE FOR THE SERIOUSLY EMOTIONALLY HANDICAPPED

Director: Wylamerle Marshall

Mailing Address: School Board of Dade County
1410 N.E. 2nd Avenue
Miami, FL 33132

Project Description:

This program focuses on the multiple needs of seriously emotionally handicapped elementary age students, their teachers, and their parents through the development and implementation of a full services model. The major components of this model are: (1) comprehensive educational, psychological, and behavioral evaluation and diagnosis; (2) development, implementation, and monitoring of individually prescribed educational and mental health treatment plans; (3) teacher training and inservice; (4) prevention of mental health problems among young children; (5) intensive individual/group therapy; (6) family therapy and outreach services to families of identified population; and (7) coordinated cooperative tracking system between school system, mental health agencies, and courts for program entry, treatment, and follow-up.

In a contractual cooperative arrangement with the Community Mental Health of South Dade (CHI), the school system will establish a comprehensive system for delivery of mental health and educational services to emotionally handicapped and potentially emotionally handicapped students. All EH classes will be reorganized into three clusters housed in regular elementary schools, with mental health therapists providing indepth training and counseling to teachers, parents, and students. An Intensive Diagnostic and Treatment Center will also be established.

Project: STRIVE: AN ALTERNATIVE TREATMENT PROGRAM FOR EMOTIONALLY DISTURBED YOUTH

Mailing Address: Sheboygan Area School District
Special Education Services
830 Virginia Avenue
Sheboygan, WI 53081

Phone Number: (414) 459-3329

Project Description:

STRIVE is an innovative day treatment program jointly sponsored by the Department of Social Services, Mental Health Center, County Handicapped Children's Education Board, and the Sheboygan Area School District. STRIVE operates on two principals:

(1) Students are responsible for their actions. The staff sets high expectations for each student and holds them accountable for meeting these expectations.
(2) Just as failure promotes failure, success promotes success. Students are continually placed in situations that have a high probability of success and receive continuous reinforcement from the staff.

STRIVE is a community-based alternative to incarceration or placement in mental health treatment centers--both highly expensive and often ineffective methods of dealing with these youngsters and their problems. The academic program focuses on individualized and remedial classroom work to help a student gain parity with others at his/her grade level. Prevocational programs are provided, and daily participation in physical education is required. At least once during the school year, students participate in an Outdoor Wilderness Experience in which they are challenged to test their personal skills and learn the necessity for cooperative efforts.

The students also participate in community service activities: working with handicapped youth, learning job skills through volunteer efforts, and exploring career opportunities through field trips to local businesses and industries. All of these projects are designed to enable youngsters to develop a positive self-image and learn constructive ways to use their talents and energies. STRIVE also provides an active casework service for the families of students. Three social workers assigned to the program are involved in family therapy, parent training, individual counseling, social skills training, court reports, court dispositional work, and career planning.

Students are enrolled in STRIVE for a minimum of 18 weeks. Enrollment may last for an indefinite period beyond that, depending on the special needs of the student. Reintegration into the regular classroom depends primarily on whether or not students have successfully changed or extinguished the behaviors which had them placed in the program. Reintegration is a gradual process, carefully supervised and monitored by STRIVE staff and the teachers and counselors at the student's "home school."

Project: SCHOOL WITHIN A SCHOOL PROGRAM

Director: Ann Voorhees, Special Education Teacher
Mary Stoessel, Special Education Teacher

Mailing Address: School Within A School
Central High School
1120 Main
Davenport, IA 52801

Phone Number: (319) 323-9951

Project Description:

The School Within A School (SWS) Program, located at Central High School, was designed to foster emotional adjustment and reduce the dropout rate in a large innercity high school.

Approximately half of the school students are high risk dropouts or are returning to school after having dropped out. Their primary problems are attendance, attitude toward school and authority, and work behaviors. They also tend to manifest delinquent and antisocial behaviors as demonstrated on behavior rating scales and objective psychometrics.

The other half of the SWS students are seriously emotionally disabled (ED) students. Their problems tend to resemble clinic and residential patients. The EH students receive complete psychological evaluations and staffings where individual academic and treatment goals are discussed and determined. Program staff are responnsible for both academics and therapy.

The program has the capacity for servicing, heterogeneously, 50 ED and non-ED students together. The morning academic program is presented on a unit basis with no textbooks, homework, or fixed time schedule. After the core program, students are scheduled into regular academic and vocational classes, work experience, remedial classes, and/or classes for the emotionally disabled.

A team-teaching approach is used where each of the academic subjects is taught by a team of regular education teachers and a certified teacher for the emotionally disabled. Other personnel in the program include a full-time school psychologist and a full-time school social worker who provide ongoing contact with the students and their families and participate in program planning and administration.

SECTION III

Seriously Emotionally Handicapped

STAFF DEVELOPMENT

SUBSECTION A: PRESERVICE TRAINING

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped

January 1986

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INDIANA COMMITTEE ON THE EMOTIONALLY HANDICAPPED

MEMBERSHIP

Mr. Gilbert Bliton	Director, Division of Special Education Indiana Department of Education
Ms. Shirley J. Amond Committee Chairperson	Director of Special Education West Central Joint Services

STAFF DEVELOPMENT - TEACHER TRAINING

Mr. John H. Hess Chairperson	Director of Special Education Clark County Special Education Cooperative
Dr. John Mefford	Chairman, Department of Special Education Indiana University South Bend
Dr. Jerry Ulman	Department of Special Education Ball State University
Dr. Wayne Wheatley	Chairman, Department of Special Education Indiana State University
Dr. Amy Zent	Supervisor of Special Education Indianapolis Public Schools

- state licensing requirements and university graduation requirements have resulted in the provision of training programs that meet only minimal requirements;

- training programs for persons obtaining a double major versus those obtaining a major/minor endorsement produce discrepancies in both quality and quantity of training;

- there is a lack of standards for final field experiences;

- training programs make no distinction for grade level differences;

- there is a lack of specification in course content regarding professional interactions, such as consulting with parents, regular classroom teachers, and administrators, as well as collaboration with community agencies in the delivery of services;

- there is a need for consistent delivery of approved course content as adopted by the university program.

The remainder of this document addresses competencies needed by teachers of the emotionally handicapped in foundations, assessment, methods, and field experiences.

INTRODUCTION

The need to have well-trained teachers was recognized by the Committee on the Emotionally Handicapped at its onset. Surveys of directors of special education and teachers of the emotionally handicapped as well as other resources provided the basis for the development of this report. The purpose of this report is to identify competencies needed by teachers of the emotionally handicapped.

Polsgrove and Rieth (1980) completed an analysis of competencies necessary for effective teaching of emotionally handicapped students. They identified five trends relating to this issue:

> Several trends have emerged in our review of the literature related to identification of competencies needed by teachers of emotionally disturbed or behaviorally disordered children. First, competency lists have grown toward analysis of specific training programs and field-based requirements. Second, there is evidence of a movement away from emphasis on diagnosis for placement categories, use of standardized tests and reliance on secondary sources of information in educational assessment. They have been replaced by direct observation and functional behavioral analysis for planning academic and social interventions. Third, competencies are currently stated with measureable outcomes. Fourth, recent competency lists seem more concerned with the actual skills teachers need for changing student behavior rather than focused on developing a knowledge base. Fifth, a dramatic change has been seen in terms of emphasizing individualized instruction, remedial academic techniques as well as a thorough understanding of the use of behavioral methodology for managing behavior (Bullock & Whelan, 1971). These trends, we think, clearly reflect the changes in the field brought about by applied behavioral research and applications to teaching practices. Polsgrove, Lewis, and Rieth, Herbert J. "A New Look at Competencies Required by Teachers of Emotionally Disturbed and Behaviorally Disordered Children and Youth". In. F.L. Wood (Ed.,) Proceedings of a conference on training teachers to meet the needs of emotionally handicapped/behaviorally disordered youth. Minneapolis: University of Minnesota, 1980.

After reviewing various documents, surveys, and input from individuals throughout Indiana, the Committee identified the following to be common concerns regarding training programs for teachers of the emotionally handicapped:

- a teaching minor in emotionally handicapped is offered at the undergraduate level at some universities and only at the graduate level at others;

- student teaching is required by some universities, while an undefined practicum is required by others;

- some students have little or no "hands on" experience with the emotionally handicapped during their training program;

I. FOUNDATIONS

1. Knowledge of characteristics and causes of emotional handicaps.

2. Knowledge of how different types of behavior affect the child in academic, social, and affective domains.

3. Knowledge of basic theoretical models used in educating the emotionally handicapped, such as developmental, behavioral, psychoeducational, and ecological.

4. Knowledge of community resources and agencies for serving the emotionally handicapped, such as mental health, vocational rehabilitation, university/community diagnostic and treatment facilities, and private schools/agencies.

5. Knowledge of PL 94-142 and Indiana Rule S-1 regulations. This should include knowledge of nondiscriminatory evaluation placement and re-evalutaion criteria, parental participation, IEP components, related service provisions, least restrictive environment, due process proceedings, and suspension/expulsion procedures.

6. Knowledge of normal and abnormal growth, development, and learning.

7. Knowledge of the relationship between academic failure and emotional maladjustment.

8. Knowledge of the regular educational curriculum of the age group involved.

9. Knowledge of how to establish and maintain of good working relationships with school personnel such as teachers, administrators, and support personnel.

10. Knowledge of the relationship of board policy and accepted societal norms to the selection of techniques, methods, and materials.

11. Knowledge of the governance of education at the federal, state, and local levels.

12. Knowledge of basic administrative roles and responsibilities, i.e., state board of education, state superintendent, state director of special education, local school board, local superintendent, local/cooperative director of special education, supervisor of special education, and building principal. This should also include an understanding of basic governance structures of single districts, joint service agreements, interlocal cooperatives, and special schools.

II. ASSESSMENT

1. Knowledge of the factors influencing the selection of instruments used in assessing emotionally handicapped students.

2. Ability to develop and use observational assessment techniques and interpret the findings for educational programming, e.g., anecdotal records, charting, logging behavior, diaries.

   a) Identification of appropriate target behaviors/ objectives.
   b) Determination of observation methods.
   c) Implementation of appropriate data keeping systems, demonstrating interscore reliability.
   d) Understanding of the limitations of data system.
   e) Limiting application of data to relevant factors.
   f) Ability to demonstrate behavior change based upon data collected.

3. Ability to use and interpret interviewing scales such as AAMD, Walker, Quay-Peterson.

   a) Knowledge of available interview scales.
   b) Ability to select the appropriate scale for a given situation.
   c) Demonstration of skills necessary to collect reliable data.
   d) Provision of valid interpretations within limitations of the scale used.

4. Ability to use formal and criterion-referenced techniques for assessing academic skills.

5. Ability to determine the academic and behavior requirements of regular classroom environments in which emotionally handicapped students are mainstreamed.

   a) Knowledge of general education curriculum and methods.
   b) Knowledge of the management routine of the regular classroom environment.
   c) Knowledge of the strengths and limitations of the physical environment.
   d) Understanding of the social/emotional climate of the regular classroom.

III. METHODS

1. Ability to use multidisciplinary diagnostic information to develop individual educational plans that specify measurable behavioral and academic outcomes for students. This includes understanding and using case histories, educational records, psychological reports, academic assessments, and observation techniques.

2. Ability to incorporate appropriate therapeutic/intervention methods in the development and delivery of instruction, e.g., behavioral techniques, diagnostic-prescriptive techniques, ecological techniques, psycho-educational approaches, and psycho-dynamic approaches.

3. Ability to outline and implement effective systems of constructive behavior management of groups and individuals in a classroom setting including techniques such as behavior modification, applied behavior analysis, conflict resolution, and/or other problem-solving strategies.

4. Ability to develop and implement a curriculum for teaching appropriate academic and social skills.

5. Ability to use consultation techniques for working with regular classroom teachers, principals, parents, guidance counselors, and interagency personnel.

6. Ability to apply appropriate affective techniques in the classroom environment.

7. Ability to interact effectively with psychiatric/psychological personnel, guidance counselors, and various other social service personnel.

8. Ability to involve the student in the development, formulation, and implementation of appropriate personal behavioral and educational goals/objectives.

9. Ability to assist parents in developing and using appropriate skills in meeting the behavioral and academic needs of their children.

10. Ability to present an appropriate role model, which reflects warmth, empathy, and positive regard in relationships.

11. Ability to set clear, fair, and consistent limits for student behavior.

12. Ability to match instructional procedures to each pupil's level of development and competence.

13. Ability to develop a pupil-centered rather than curriculum-centered program based on individual interests, abilities, and needs.

14. Ability to use equipment and materials found in most educational settings, such as microcomputer and audio-visual technology.

15. Ability to use crisis management techniques appropriately, e.g., passive physical restraint, token economy, proximity control, environmental modifications, communication skills, time out, and antiseptic bouncing.

IV. FIELD EXPERIENCES

A teacher preparation program should include early and continuous field experiences which culminate in a final practicum or student teaching experience in a class of students identified as emotionally handicapped. The purpose of the practicum or student teaching experience is to provide students with the opportunity to practice instruction, obtain feedback, and demonstrate mastery of defined competencies taught in didactic coursework.

The practicum or student teaching experience for those individuals not previously certified in an area of special education should consist of a minimum of 180 hours of direct contact teaching experience in a class of emotionally handicapped students. The final practicum or student teaching experience for those who do hold certification in an exceptionality area should consist of a minimum of 90 hours of direct contact experience in a class of emotionally handicapped students.

SUMMARY

This report is presented to identify essential competencies which all teachers of the emotionally handicapped should demonstrate. It is being distributed to teacher educators, special education directors, special education teachers, and others involved in the education of the handicapped in order to provide a model for the improvement of preservice and in-service training of teachers of the emotionally handicapped. The Committee hopes that this report will provide a model for training personnel which will result in improved services to emotionally handicapped students.

Directors of Special Education in Indiana were surveyed regarding competencies for training teachers of the emotionally handicapped. They established the following competencies in rank order:

- pinpointing and identifying specific academics and behavior problems
- using crisis management procedures
- understanding the causes of behavior problems and of students' psychological needs
- using behavior modifications techniques
- organizing the physical environment to increase or decrease specific student actions
- conducting problem-solving interviews and discussions with students
- developing curricular materials for nonacademic areas
- working constructively with parents
- behavior consultation skills for working with classroom teachers
- collecting data for decision making
- developing an individualized educational plan
- working with other professional groups
- evaluating the instructional sequence based upon student performance
- modifying task directions
- using/understanding formal assessment
- sequencing objectives/concepts
- participating in case conference meetings

Selected teachers of the seriously emotionally handicapped in Indiana completed a similar survey. They established the following competencies in rank order:

- pinpointing and identifying specific academics and behavior problems
- conducting problem-solving interviews and discussions with students
- understanding the causes of behavior problems and of students' psychological needs
- organizing the physical environment to increase or decrease specific student actions
- developing curricular materials for nonacademic areas
- using crisis management procedures
- working constructively with parents
- collecting data for decision making
- developing an individualized education plan
- participating in case conference meetings
- working with other professional groups
- evaluating the instructional sequence based upon student performance
- using/understanding formal assessment
- modifying task directions
- sequencing objectives/concepts

APPENDIX A

REFERENCE MATERIALS

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Seriously Emotionally Handicapped

STAFF DEVELOPMENT

SUBSECTION B: INSERVICE TRAINING

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped

January 1986

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INTRODUCTION

At the outset, the Committee recognized that there was a need to train all personnel who work with those students identified as seriously emotionally handicapped.

The Preliminary Study Committee on Standards identified targeted populations who might participate in staff development programs. Those identified include: Administrators, Teachers - Regular Education, Teachers - Seriously Emotionally Handicapped, School Psychologist, Behavioral Consultant, Related Services Personnel, Social Worker/Counselors, Contractual Support Personnel, Paraprofessionals, and Nonprofessional Support Personnel. Further, they developed a suggested list of competencies which those targeted populations should have in order to work with seriously emotionally handicapped students. Those competencies were grouped in the following categories: Assessment, Behavioral Management, Instruction, Theoretical Background, Interpersonal Skills, Consultation/Counseling, and Administrative.

The Committee on Staff Development-Inservice revised the list of competencies, developed a list of suggested inservice topics for each targeted population, and offered some models for staff development activities. Several of the topics are listed for more than one of the targeted groups.

INDIANA COMMITTEE ON THE EMOTIONALLY HANDICAPPED

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Ms. Shirley Amond Committee Chairperson	Director of Special Education West Central Joint Services

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ADMINISTRATORS (Regular Education and Special Education)

I. COMPETENCIES -- ASSESSMENT

a) Ability to interpret and utilize academic, psychological, and behavioral data.
b) Ability to utilize pertinent neurological/medical and psychiatric data.
c) Ability to keep accurate and appropriate anecdotal records in a timely manner.

Workshop/Inservice

a) How to utilize academic records, current psychological report, and behavioral data to assess student needs.

b) How to utilize pertinent neurological/medical and psychiatric data which relate to the SEH population (attention deficient disorder, medications, etc.).

II. COMPETENCIES -- BEHAVIORAL MANAGEMENT

a) Awareness of various theoretical approaches to managing social/emotional behavior in the classroom.
b) Ability to utilize various strategies for developing appropriate social/emotional behavior.

Workshop/Inservice

a) Theories of learning and methods utilized to shape appropriate behavior.

b) Behavior management techniques (e.g., the nature of reinforcement, punishment, ignoring rewards, consistency).

III. COMPETENCIES -- INSTRUCTION

a) Knowledge of regular education curriculum and appropriate instructional methodology.
b) Knowledge of special education curriculum and appropriate instructional methodology.
c) Ability to reinforce the goals and objectives of the affective education curriculum.

Workshop/Inservice

a) An awareness of regular education and special education curricula.

b) An overview of affective education curriculum, methods, materials, and goals and how to measure its effectiveness.

IV. COMPETENCIES -- THEORETICAL BACKGROUND

a) Knowledge of child growth and development.
b) Knowledge of learning theories.
c) Knowledge of various counseling theories and techniques.
d) Knowledge of consultation process.

e) Awareness of the goals, objectives, and activities of affective education.
f) Awareness of the general philosophy of programs servicing emotionally handicapped population.

Workshop/Inservice

a) General philosophy of programs servicing SEH students.

b) Basic child growth and development and what can go wrong.

V. COMPETENCIES -- INTERPERSONAL SKILLS

a) Ability to function effectively within a multidisciplinary team.
b) Ability to establish and facilitate open communication and problem solving with students, parents, other teachers, administrators, other professionals, and paraprofessionals, respecting the confidential nature of student needs.
c) Ability to function as an appropriate role model.

Workshop/Inservice :

a) How to participate as a multidisciplinary team member.

b) How to establish an environment conducive to helpful/productive communication between individuals.

c) Steps to effective problem solving: assessment, identification, and action toward resolution.

d) What is meant by an appropriate role model?

VI. COMPETENCIES -- CONSULTATION/COUNSELING

a) Knowledge of resources that provide services to SEH students and recognition of when to utilize them.
b) Knowledge of various counseling theories and techniques.
c) Ability to serve as a resource to students, teachers, administrators, paraprofessionals, and other professionals.

Workshop -- Inservice

a) Continuing awareness of community resources that provide services to SEH students and their families.

b) How to assess the child and his immediate environment in order to make pertinent referrals to appropriate school and community agency resources.

c) How to serve as a resource for regular classroom teachers, other administrators, paraprofessionals, parents, and other professionals.

d) How to coordinate efforts with community resources to meet student needs.

VII. COMPETENCIES -- ADMINISTRATIVE

a) Ability to keep appropriate and accurate records.
b) Knowledge of local, state, and federal laws, rules, regulations, policies, and procedures as they pertain to their respective role.
c) Ability to conduct meetings and conferences.
d) Ability to supervise and/or evaluate professional and nonprofessional staff.
e) Ability to provide effective leadership.

Workshop/Inservice

a) Effective record keeping.

b) A survey of state and federal regulations relating to their respective roles as needed to serve emotionally handicapped students.

c) Innovative ideas for conducting meetings and conferences.

TEACHER -- EMOTIONALLY HANDICAPPED

I. COMPETENCIES -- ASSESSMENT

a) Ability to assess student's academic level both formal and informal.
b) Ability to understand and apply academic, psychological, and behavioral data.
c) Ability to administer behavior checklists, and rating (scales) systems, keep anecdotal records, and conduct systematic observations.
d) Knowledge of pertinent neurological/medical and psychiatric data.
e) Ability to translate academic and behavioral assessment results into IEP goals and annual review recommendations.

Workshop/Inservice

a) Instruments available to assess student's academic performance.

b) Interpreting and utilizing available academic and psychological data.

c) Gathering, interpreting, and utilizing available behavioral data.

d) How to administer behavioral checklists and rating scales in order to gather the most necessary information for student planning.

e) Efficient methods to keep anecdotal records.

f) The pertinent neurological/medical and psychiatric data which relate to the SEH population (attention deficient disorder, medications, etc.).

g) Utilizing assessment results to develop appropriate IEP goals.

h) Utilizing academic and behavioral assessment results to create appropriate recommendations for the annual case review.

II. COMPETENCIES -- BEHAVIORAL MANAGEMENT

a) Awareness of various theoretical approaches to managing social/emotional behavior in the classroom.
b) Ability to establish and maintain an effective structured learning environment for students.
c) Ability to utilize various strategies for developing appropriate social/emotional behavior.
d) Ability to design, implement, and evaluate effective behavior management programs for students.
e) Ability to identify antecedents and consequences of individual student's behavior in order to develop a specific behavior management system.
f) Design behavior management programs to facilitate generalization and maintenance of acquired behaviors.

Workshop/Inservice

a) How to design specific behavioral management programs rating individual needs.

b) How to assess behavioral management program effectiveness.

c) How to implement models for behavioral management.

d) How to identify antecedents and consequences of the child's behavior.

e) How knowledge of antecendents and consequences helps in the design of specific behavior management techniques and/or systems.

f) Modifying effective management programs in order to facilitate generalizations and maintenance of acquired behavior.

g) Behavior management techniques (e.g., the nature of reinforcement, punishment, ignoring regards, consistency).

h) What is a structured learning environment?

i) Basic principles of behavior management (e.g., the need for consistency, ways not to be drawn into manipulative student behavior).

III. COMPETENCIES -- INSTRUCTION

a) Knowledge of regular education curriculum and appropriate instructional methodology.
b) Knowledge of special education curriculum and appropriate instructional methodology.
c) Knowledge of and ability to apply and/or adapt a variety of techniques and materials to meet individual needs.
d) Ability to develop, evaluate, and implement IEPs.
e) Ability to design and implement goals, objectives, and activities related to affective education.

Workshop/Inservice

a) An awareness of regular education and special education curricula.

b) An overview of affective education curriculum, methods, materials, and goals and how to measure its effectiveness.

c) Workshop introducing and demonstrating newly developed special education materials.

d) Workshop demonstrating ways to adapt a variety of materials to fit the programming for SEH students.

e) How to develop an effective/functional IEP.

f) How to evaluate an IEP.

g) How to implement an IEP.

h) How effective is your affective education curriculum?

IV. COMPETENCIES -- THEORETICAL BACKGROUND

a) Knowledge of child growth and development.
b) Knowledge of theoretical approaches for working with emotionally handicapped students.
c) Knowledge of learning theories.
d) Knowledge of various counseling theories and techniques.

e) Knowledge of consultation process.
f) Awareness of the general philosophy of programs servicing emotionally handicapped population.

Workshop/Inservice

a) Consultation process.

b) General philosophy of programs servicing SEH students.

c) Basic child growth and development and what can go wrong.

d) Methods of working with the SEH students.

e) Basic learning theories and principles.

V. COMPETENCIES -- INTERPERSONAL SKILLS

a) Ability to function within a multidisciplinary team.
b) Ability to establish and maintain open communication and problem solving with students, parents, other teachers, administrators, other professionals, and paraprofessionals, respecting the confidential nature of student needs.
c) Ability to effectively supervise paraprofessionals.
d) Ability to function as an appropriate role model.

Workshop/Inservice

a) How to participate as a multidisciplinary team member.

b) Nature and importance of confidentiality.

c) How to establish an environment conducive to helpful/productive communication between individuals.

d) Steps to effective problem solving: assessment, identification, and action toward resolution.

e) What is meant by an appropriate role model?

VI. COMPETENCIES -- CONSULTATION COUNSELING

a) Knowledge of resources that provide services to SEH students and recognition of when to utilize them.
b) Ability to use basic counseling skills regarding interviewing, listening, etc.
c) Ability to serve as a resource for teachers, adminstrators, paraprofessionals, parents, and other professionals.

Workshop/Inservice

a) How to serve as a resource for regular classroom teachers, other administrators, paraprofessionals, parents, and other professionals.

b) How to coordinate efforts with community resources to meet student needs.

c) Continuing awareness of community resources that provide services to SEH students and their families.

d) How to assess the child and his immediate environment in order to make pertinent referrals to appropriate school and community agency resources.

e) Developing and compiling a general awareness of the community resources that can be used to meet individual needs.

f) Overview of the interviewing process.

g) Active, effective listening.

VII. COMPETENCIES -- ADMINISTRATIVE

a) Ability to keep appropriate and accurate records in a timely manner.
b) Knowledge of local, state, and federal laws, rules, regulations, policies, and procedures as they pertain to their respective role.
c) Ability to conduct and effectively participate in meetings and conferences.

Workshop/Inservice

a) Effective record keeping.

b) A survey of state and federal regulations relating to their respective roles as needed to serve SEH students.

c) How to conduct and function appropriately in meetings and conferences.

d) How to keep accurate records and documentation in a prompt and efficient manner.

REGULAR EDUCATION TEACHER

I. COMPETENCIES -- ASSESSMENT

a) Ability to assess students' academic levels, both formal and informal.
b) Ability to complete accurate behavior checklists.

Workshop/Inservice

a) Instruments available to assess student's academic performance.

b) How to complete rating scales and checklists.

c) Efficient methods to keep anecdotal records.

d) How to conduct a systematic observation of students.

e) How to measure behavior and record appropriate data.

f) How to utilize academic records, current psychological report, and behavioral data to assess student needs.

II. COMPETENCIES -- BEHAVIORAL MANAGEMENT

a) Awareness of various theoretical approaches to managing social/emotional behavior in the classroom.
b) Ability to establish and maintain an effective structured learning environment for students.
c) Ability to utilize various strategies for developing appropriate social/emotional behavior in the classroom.
d) Ability to implement effective behavior management programs for students.
e) Ability to identify antecedents and consequences of individual student's behavior in order to assist in the development of a specific behavior management system.
f) Ability to utilize management programs which facilitate generalization and maintenance of acquired behaviors.

Workshop/Inservice

a) Behavior management techniques (e.g., the nature of reinforcement, punishment, ignoring rewards, consistency).

b) How to assess behavioral management program effectiveness.

c) How to design specific behavioral management programs rating individual needs.

d) Workshop demonstrating different models designed to develop appropriate social behavior.

e) Theories of learning and methods utilized to shape appropriate behavior.

f) How to identify antecedents and consequences of the child's behavior.

g) How knowledge of antecedents and consequences helps in the design of specific behavior management techniques and/or systems.

h) Modifying effective management programs in order to facilitate generalizations and maintenance of acquired behavior.

i) Modifying effective management programs in order to facilitate generalizations and maintenance of acquired behavior.

III. COMPETENCIES -- INSTRUCTION

a) Knowledge of regular education curriculum and appropriate instructional methodology.
b) Ability to use and/or adapt a variety of techniques and materials to meet individual needs.
c) Ability to reinforce the goals, objectives, and activities of the affective education curriculum.

Workshop/Inservice

a) An awareness of regular education and special education curricula.

b) An overview of affective education curriculum, methods, materials, and goals and how to measure its effectiveness.

c) Workshop demonstrating ways to adapt a variety of materials to fit the programming for SEH students.

IV. COMPETENCIES -- THEORETICAL BACKGROUND

a) Knowledge of child growth and development.
b) Knowledge of learning theories.
c) Awareness of the general philosophy of programs servicing emotionally handicapped population.

Workshop/Inservice

a) General philosophy of programs servicing SEH students.

b) Basic child growth and development and what can go wrong.

c) Basic learning theories and principles.

d) The consultation process.

V. COMPETENCIES -- INTERPERSONAL SKILLS

a) Ability to function effectively within a multidisciplinary team.
b) Ability to establish and facilitate open communication and problem solving with students, parents, other teachers, administrators, other professionals, and paraprofessionals, respecting the confidential nature of student needs.
c) Ability to function as an appropriate role model.

Workshop/Inservice

a) How to participate as a multidisciplinary team member.

b) How to establish an environment conducive to helpful/productive communication between individuals.

c) Nature and importance of confidentiality.

d) Steps to effective problem solving: assessment, identification, and action toward resolution.

e) What is meant by an appropriate role model?

VI. COMPETENCIES -- CONSULTATION/COUNSELING

a) Awareness of resources that provide services to SEH students and recognition of when to utilize them.

Workshop/Inservice

a) Continuing awareness of community resources that provide services to SEH students and their families.

b) Active, effective listening.

VII. COMPETENCIES -- ADMINISTRATIVE

a) Ability to keep appropriate and accurate records in a timely manner.
b) Knowledge of local, state, and federal laws, rules, regulations, policies, and procedures as they pertain to their respective role.

Workshop/Inservice

a) Effective record keeping.

b) A survey of state amd federal regulations relating to their respective roles as needed to serve SEH students.

c) How to keep accurate records and documentation in a prompt and efficient manner.

d) How to conduct and function appropriately in meetings and conferences.

e) Innovative ideas for conducting meetings and conferences.

SCHOOL PSYCHOLOGIST

I. COMPETENCIES -- ASSESSMENT

a) Ability to integrate all relevant information into a written psychological report.
b) Ability to interpret and clearly convey academic, psychological, and behavioral date.
c) Ability to administer behavior checklists and rating (scales) systems, keep ancedotal records, and conduct systematic observations.
d) Knowledge of pertinent neurological/medical and psychiatric data.
e) Ability to translate multifaceted assessment results into IEP goals and annual review recommendations.
f) Ability to conduct multifaceted and psychological asessments and translate results into educationally relevant information.
g) Ability to integrate all relevant information into a written psychological report.

Workshop/Inservice

a) Using academics and behavioral assessment results to create appropriate recommendations for the annual case review.

b) The pertinent neurological/medical and psychiatric data which relate to the SEH population (attention deficient disorder, medications, etc.).

c) Instruments available to assess student academic performance.

d) Interpreting and utilizing available psychological data.

e) Gathering, interpreting, and utilizing available behavioral data.

f) How to measure behavior and record appropriate data.

II. COMPETENCIES -- BEHAVIORAL MANAGEMENT

a) Knowledge of and an in-depth understanding of various theoretical approaches to managing social/emotional behavior.
b) Ability to aid teacher in utilizing various strategies for developing appropriate social/emotional behavior.
c) Ability to design, monitor, and evaluate effective behavior management programs for students.
d) Ability to identify antecedents and consequences of individual student's behavior in order to develop a specific behavior management system.
e) Ability to design behavior management programs to facilitate generalization and maintenance of acquired behaviors.

Workshop/Inservice

a) How to observe behaviors.

b) Modifying effective management programs in order to facilitate generalizations and maintenance of acquired behavior.

c) Workshop demonstrating different models designed to develop appropriate social behavior.

d) Behavior management techniques, (e.g., the nature of reinforcement, punishment, ignoring rewards, consistency).

e) How to assess behavioral management program effectiveness.

f) Basic principles of behavior management, (e.g., the need for consistency, ways not to be drawn into manipulative student behavior).

g) How to identify antecedents and consequences of the child's behavior.

h) How knowledge of antecedents and consequences help in the design of specific behavior management techniques and/or systems.

III. COMPETENCIES -- INSTRUCTION

a) Knowledge of regular education curriculum and appropriate instructional methodology.
b) Knowledge of special education curriculum and appropriate instructional methodology.
c) Knowledge of and the ability to apply a variety of techniques and materials to meet individual needs.
d) Ability to develop and evaluate IEPs.
e) Knowledge of goals, objectives, and activities related to affective education.
f) Ability to design and implement affective educational goals, objectives, and activities.

Workshop/Inservice

a) Workshop introducing and demonstrating newly developed special education materials.

b) What are the goals and objectives of affective education?

c) How to develop an effective/functional IEP.

IV. COMPETENCIES -- THEORETICAL BACKGROUND

a) Knowledge (at an in-depth level) of normal and abnormal child growth and development.
b) Knowledge of theoretical approaches for working with emotionally handicapped students and families.
c) Knowledge of learning theories.
d) Knowledge of various counseling theories and techniques.
e) Knowledge of consultation process.
f) Knowledge of test construction and testing theory.
g) Knowledge of research and design, statistical evaluation, and program evaluation.
h) Awareness of the general philosophy of programs servicing emotionally handicapped population.

Workshop/Inservice

a) Basic child growth and development and what can go wrong.

b) Basic learning theories and principles.

c) The consultation process.

d) Basic counseling theories and techniques.

V. COMPETENCIES -- INTERPERSONAL SKILLS

a) Ability to function effectively within a multidisciplinary team.
b) Ability to establish and facilitate open communication and problem solving with students, parents, teachers, administrators, other professionals, and paraprofessionals, respecting the confidential nature of student needs.
c) Ability to function as an appropriate role model.

Workshop/Inservice

a) How to participate as a multidisciplinary team member.

b) How to establish an environment conducive to helpful/productive communication between individuals.

c) Steps to effective problem solving: assessment, identification, and action toward resolution.

d) What is meant by an appropriate role model?

e) Nature and importance of confidentiality.

VI. COMPETENCIES -- CONSULTATION/COUNSELING

a) Knowledge of resources that provide services to SEH students and recognition of when to utilize them.
b) Ability to utilize a variety of counseling skills.
c) Ability to function as a resource for teachers, administrators, paraprofessionals, parents, and other professionals.
e) Ability to design, conduct, and evaluate inservice programs for staff development.

Workshop/Inservice

a) How to assess the child and his immediate environment in order to make pertinent referrals to appropriate school and community resources.

b) Developing and compiling a general awareness of the community resources that can be used to meet individual needs.

c) How to coordinate efforts with community resources to meet student needs.

d) Overview of the interviewing process.

e) Active, effective listening.

f) How to serve as a resource for regular classroom teachers, administrators, paraprofessionals, parents, and other professionals.

VII. COMPETENCIES -- ADMINISTRATIVE

a) Ability to keep appropriate and accurate records in a timely manner.
b) Knowledge of local, state, and federal laws, rules, regulations, policies, and procedures as they pertain to their respective role.
c) Ability to conduct and/or function as a contributing member in meetings and conferences.

Workshop/Inservice

a) Effective record keeping.

b) A survey of state and federal regulations relating to their respective roles as needed to serve SEH students.

c) How to conduct and function appropriately in meetings and conferences.

d) Innovative ideas for conducting meetings and conferences.

e) How to keep accurate records and documentation in a prompt and efficient manner.

f) Identifying their role in meetings and conferences.

BEHAVIORAL CONSULTANT

I. COMPETENCIES -- ASSESSMENT

a) Ability to understand and apply academic, psychological, and behavioral assessment data to the devlopment of behavioral management program.
b) Ability to adminster behavior checklists and rating (scales) systems, keep anecdotal records, and conduct systematic observations.
c) Knowledge of pertinent neurological/medical and psychiatric data.
d) Ability to translate behavioral assessment results into IEP goals and annual review recommendations.

Workshop/Inservice

a) Instruments available to assess students academic performance.

b) Interpreting and utilizing available psychological data.

c) Gathering, interpreting, and utilizing available behavioral data.

d) How to administer behavioral checklists and rating scales in order to gather the most necessary information for student planning.

e) How to conduct a systematic observation of students.

f) Efficient methods to keep ancedotal records.

g) The knowledge of pertinent neurological/medical and psychiatric data which relate to the SEH population (attention deficient disorder, medications, etc.).

h) Utilizing assessment results to develop appropriate IEP goals.

i) Using academic and behavioral assessment results to create appropriate recommendations for the annual case review.

II. COMPETENCIES -- BEHAVIORAL MANAGEMENT

a) Awareness of various theoretical approaches to managing social/emotional behavior.
b) Ability to utilize various strategies for developing appropriate social/emotional behavior.
c) Ability to design and evaluate effective behavior management programs for students.
d) Ability to identify antecedents and consequences of individual student's behavior in order to develop a specific behavior management system.
e) Ability to design behavior management programs to facilitate generalization and maintenance of acquired behaviors.

Workshop/Inservice

a) Theories of learning and methods utilized to shape appropriate behavior.

b) Workshop demonstrating different models designed to develop appropriate social behavior.

c) How to design specific behavioral management programs rating individual needs.

d) How to assess behavioral management program effectiveness.

e) How to implement models for behavioral management.

f) How to identify antecedents and consequences of the child's behavior.

g) How knowledge of antecedents and consequences help in the design of specific behavior management techniques and/or systems.

h) Modifying effective management programs in order to facilitate generalizations and maintenance of acquired behavior.

i) Behavioral management techniques, (e.g., the nature of reinforcement, punishment, ignoring rewards, consistency).

III. COMPETENCIES -- INSTRUCTION

a) Knowledge of regular education curriculum and appropriate instructional methodology.
b) Knowledge of special education curriculum and appropriate instructional methodology.
c) Knowledge of and an ability to apply and/or adapt a variety of techniques and materials to meet individual needs.
d) Ability to assist in the development, evaluation, and monitoring of IEPs.
e) Knowledge of goals, objectives, and activities related to affective education.

Workshop/Inservice

a) Workshop demonstrating ways to adapt a variety of materials to fit the programming for SEH students.

b) How to develop an effective/functional IEP.

c) How to evaluate an IEP.

d) How to implement an IEP.

e) What is affective education?

f) What are the goals of affective education?

g) Specific activities to include the affective education component.

h) How effective is the affective education curriculum?

IV. COMPETENCIES -- THEORETICAL BACKGROUND

a) Knowledge of child growth and development.
b) Knowledge of theoretical approaches for working with emotionally handicapped students.
c) Knowledge of learning theories.

d) Knowledge of various counseling theories and techniques.
e) Knowledge of consultation process.
f) Awareness of the general philosophy of programs servicing emotionally handicapped population.

Workshop/Inservice

a) Child growth and development and what can go wrong.

b) Methods of working with the SEH students.

c) Basic learning theories and principles.

d) Basic counseling theories and techniques.

e) The consultation process.

V. COMPETENCIES -- INTERPERSONAL SKILLS

a) Ability to function effectively within a multidisciplinary team.
b) Ability to establish and maintain open communication and problem solving with students, parents, teachers, administrators, other professionals, and paraprofessionals, respecting the confidential nature of student needs.
c) Ability to function as an appropriate role model.

Workshop/Inservice

a) How to participate as a multidisciplinary team member.

b) How to establish an environment conducive to helpful/productive communication between individuals.

c) Steps to effective problem solving: assessment, identification, and action toward resolution.

d) What is meant by an appropriate role model?

VI. COMPETENCIES -- CONSULTATION/COUNSELING

a) Knowledge of resources that provide services to SEH students and recognition of when to utilize them.
b) Ability to serve as a resource for teachers, administrators, paraprofessionals, parents, and other professionals.

Workshop/Inservice

a) How to assess the child and his immediate environment in order to make pertinent referrals to appropriate school and community resources.

b) Developing and compiling a general awareness of the community resources that can be used to meet individual needs.

c) How to coordinate efforts with community resources to meet student needs.

d) Overview of the interviewing process.

e) Active, effective listening.

f) How to serve as a resource for regular classroom teachers, administrators, paraprofessionals, parents, and other professionals.

VII. COMPETENCIES -- ADMINISTRATIVE

a) Ability to keep appropriate and accurate records in a timely manner.
b) Knowledge of local, state, and federal laws, rules, regulations, policies, and procedures as they pertain to their respective role.
c) Ability to conduct or function as a contributing member at meetings and conferences.

Workshop/Inservice

a) Effective record keeping.

b) A survey of state and federal regulations relating to their respective roles as needed to serve SEH students.

c) How to conduct and function appropriately in meetings and conferences.

d) Innovative ideas for conducting meetings and conferences.

RELATED SERVICES PERSONNEL are those who directly interface with students on a consistent basis. This may include Nurse, Speech/Language Pathologist, Occupational Therapist, Physical Therapist, and other special education personnel.

I. COMPETENCIES -- ASSESSMENT

a) Ability to assess the SEH student with relation to their specific area of expertise.
b) Ability to interpret and explain pertinent information and its relevancy for implementing the IEP.
c) Ability to assess the need for and facilitate referral to appropriate agenices.

Workshop/Inservice

a) How can school academic records be used to assess student needs?

b) How to utilize current psychological reports and behavioral data to assess student needs.

c) How to understand and utilize behavioral data to assess students.

d) The pertinent neurological/medical and psychiatric data which relate to the SEH population (attention deficient disorder, medications, etc.).

e) Efficient methods to keep anecdotal records.

II. COMPETENCIES -- BEHAVIOR MANAGEMENT

a) Ability to establish and maintain a structured learning environment for students which is consistent with that individual's IEP.
b) Ability to utilize various strategies for developing appropriate social/emotional behavior which is consistent with that individual's IEP.
c) Ability to implement and maintain effective behavior management programs for students which are consistent with that individual's IEP.
d) Ability to identify antecedents and consequences of individual student's behavior.
e) Ability to utilize management programs which facilitate generalization and maintenance of appropriate behaviors.

Workshop/Inservice

a) Behavior management techniques, (e.g., the nature of reinforcement, punishment, ignoring rewards, consistency).
b) How to identify antecedents and consequences of the child's behavior.

III. COMPETENCIES -- INSTRUCTION

a) Ability to use and/or adapt a variety of techniques and materials to meet individual needs.
b) Ability to reinforce the goals and objectives of the affective education curriculum.

Workshop/Inservice

a) What is affective education?

b) What are the goals of affective education?

c) Specific activities to include in the affective education component.

IV. COMPETENCIES -- THEORETICAL BACKGROUND

a) Knowledge of normal child growth and development.
b) Awareness of the goals, objectives, and activities related to affective education.
c) Awareness of the general philosophy of programs servicing emotionally handicapped population.

Workshops/Inservice

a) General philosophy of programs servicing SEH students.

b) Basic counseling theories and techniques.

c) Consultation process.

d) Methods of working with the SEH students.

e) Basic learning theories and principles.

f) The consultation process.

V. COMPETENCIES -- INTERPERSONAL SKILLS

a) Ability to function effectively within a multidisciplinary team.
b) Ability to establish and facilitate open communication and problem solving with students, parents, teachers, administrators, other professionals, and paraprofessionals respecting the confidential nature of student needs.
c) Ability to function as an appropriate role model.

Workshops/Inservice

a) How to participate as a multidisciplinary team member.

b) How to establish an environment conducive to helpful/productive communication between individuals.

c) Steps to effective problem solving: assessment, identification, and action toward resolution.

d) What is meant by an appropriate role model?

VI. COMPETENCIES -- CONSULTATION/COUNSELING

a) Ability to serve as a resource for teachers, administrators, other professionals, paraprofessionals, and parents respective to their areas of expertise.
b) Current knowledge of community resources related to their area of expertise.

Workshops/Inservice

a) How to assess the child and his immediate environment in order to make pertinent referrals to appropriate school and community agency referrals.

b) Active, effective listening.

VII. COMPETENCIES -- ADMINISTRATIVE

a) Ability to keep appropriate and accurate records.
b) Knowledge of the importance of prompt communication and filing of records with the appropriate personnel.

Workshops/Inservice

a) Effective record keeping.

b) A survey of state and federal regulations relating to their respective roles as needed to serve SEH students.

c) Innovative ideas for conducting meetings and conferences.

d) How to conduct and function appropriately in meetings and conferences.

SOCIAL WORKER, SCHOOL GUIDANCE COUNSELOR/ATTENDANCE PERSONNEL

I. COMPETENCIES -- ASSESSMENT

a) Ability to understand and utilize academic, psychological, and behavioral data.
b) Ability to complete accurately behavior checklists and rating (scales) systems and keep anecdotal records.
c) Knowledge of pertinent neurological/medical and psychiatric data specific to the individual child.
d) Ability to assess individual and family needs and situations and make relevant referrals to appropriate school agency resources.

Workshop/Inservice

a) How to utilize academic records and current psychological reports and data to assess student needs.

b) How to utilize current psychological report and data to assess student needs.

c) Gathering, interpreting, and utilizing available behavioral data.

d) How to administer behavioral checklists and rating scales in order to gather the most necessary information for student planning.

e) How to conduct a systematic observation of students.

f) The pertinent neurological/medical and psychiatric data which relate to the SEH population (attention deficient disorder, medications, etc.).

g) How to assess the child and his immediate environment in order to make pertinent referrals to appropriate school and community resources.

II. COMPETENCIES -- BEHAVIORAL MANAGEMENT

a) Ability to assist in the design, implementation, and evaluation of effective behavior management programs for students.
b) Ability to identify antecedents and consequences of individual student's behavior in order to assist in the development of a specific behavior managment system.

Workshop/Inservice

a) Workshop demonstrating different models designed to develop appropriate social behavior.

b) How to design specific behavioral management programs rating individual needs.

c) How to assess behavioral managment program effectiveness.

d) How to implement models for behavioral management.

e) Theories of learning and methods utilized to shape appropriate behavior.

f) How to identify antecedents and consequences of the child's behavior.

g) How knowledge of antecedents and consequences help in the design of specific behavioral management techniques and/or systems.

h) Modifying effective management programs in order to facilitate generalizations and maintenance of acquired behavior.

i) Behavior management techniques, (e.g., the nature of reinforcement, punishment, ignoring rewards, consistency).

III. COMPETENCIES -- INSTRUCTION

*a) Knowledge of regular education curriculum.
b) Ability to use and/or adapt school and community resources to meet individual needs.
c) Awareness of the goals, objectives, and activities of affective education component.
d) Awareness of how an IEP is developed, evaluated, and implemented.

Workshop/Inservice

a) An awareness of regular education and special education curriculum.

b) What is affective education?

c) What are the goals of affective education?

d) Specific activities to include in the affective education component.

e) How effective is the affective education curriculum.

f) How to develop an effective/functional IEP.

g) How to evaluate an IEP.

h) How to implement an IEP.

i) How to coordinate efforts with community resources to meet student needs.

IV. COMPETENCIES -- THEORETICAL BACKGROUND

a) Knowledge child growth and development.
b) Knowledge of theoretical approaches for working with emotionally handicapped students.
c) Awareness of the general philosophy of programs servicing emotionally handicapped population.
d) Knowledge of various counseling and interviewing theories and techniques.
e) Knowledge of the consultation and interviewing process.
f) Awareness of the general philosophy of programs servicing emotionally handicapped population.

Workshop/Inservice

a) Basic child growth and development and what can go wrong.

b) Methods of working with the SEH students.

c) Basic learning theories and principles.

d) Basic counseling theories and techniques.

e) General philosophy of programs servicing SEH students.

f) Overview of the interviewing procedures.

g) Consultation process.

V. COMPETENCIES -- INTERPERSONAL SKILLS

a) Ability to function within a multidisciplinary team.
b) Ability to establish and facilitate open communication and problem solving with students, parents, teachers, administrators, other professionals, and paraprofessionals, respecting the confidential nature of student needs.
c) Ability to function as an appropriate role model.

Workshop/Inservice

a) How to participate as a multidisciplinary team member.

b) How to establish an environment conducive to helpful/productive communication between individuals.

c) Steps to effective problem solving: assessment, identification, and action toward resolution.

d) What is meant by an appropriate role model?

e) Nature and importance of confidentiality.

VI. COMPETENCIES -- CONSULTATION/COUNSELING

a) Knowledge of resources that provide services to SEH students and recognition of when to utilize them.
b) Ability to use basic counseling skills regarding interviewing, listening, etc.
c) Ability to serve as a resource for regular classroom teachers, administrators, paraprofessionals, parents, and other professionals.

Workshop/Inservice

a) Continuing awareness of community resources that provide services to SEH students and their families.

b) How to assess the child and his immediate environment in order to make pertinent referrals to appropriate school and community resources.

c) How to serve as a resource for regular classroom teachers, other administrators, paraprofessionals, parents, and other professionals.

d) How to coordinate efforts with community resources to meet student needs.

e) Active, effective listening.

f) Overview of the interviewing process.

VII. COMPETENCIES -- ADMINISTRATIVE

a) Ability to keep appropriate and accurate records.
b) Knowledge of local, state, and federal laws, rules and regulations, policies, and procedures as they pertain to their respective role.
c) Ability to function appropriately in meetings and conferences.
d) Knowledge of the importance of prompt communication and filing of records with the appropriate personnel.

Workshop/Inservice

a) Effective record keeping.

b) A survey of state and federal regulations relating to their respective roles as needed to serve SEH students.

c) Innovative ideas for conducting meetings and conferences.

d) How to conduct and function appropriately in meetings and conferences.

e) How to keep accurate records and documentation in a prompt and efficient manner.

*Pertains to counselors only.

PROFESSIONAL CONTRACTUAL SUPPORT PERSONNEL may include Clinical Psychologists, Psychiatrists, Special Counselors, Professional Staff of Regional Mental Health Centers, and Professional Staff of Residential Centers/Facilities.

I. COMPETENCIES -- ASSESSMENT

a) Ability to conduct assessment in specific area of expertise.
b) Ability to interpret and utilize relevant data.
c) Knowledge of the pertinent neurological/medical, psychological, psychiatric, and behavior data specific to the individual child.
d) Ability to translate assessment results to assist IEP team in developing appropriate IEP goals and recommendations.

II. COMPETENCIES -- BEHAVIORAL MANAGEMENT

a) Awareness of and in-depth understanding and knowledge (where applicable) of various theoretical approaches to managing social/emotional behavior.
b) Ability to assist in the development and implementation of various strategies for developing appropriate social/emotional behavior.
c) Ability to design, monitor, and evaluate effective behavior management programs.
d) Ability to assist in the identification of antecedents and consequences of individual student's behavior in order to develop a specific behavior management system.
e) Ability to assist in the design and implementation of behavior management programs to facilitate generalization and maintenance of acquired behaviors.

III. COMPETENCIES -- INSTRUCTION

a) Awareness of the availability of educational opportunities or program options designed to serve the individual's educational needs.
b) Awareness of how an IEP is developed, evaluated, and implemented.
c) Awareness of goals, objectives, and activities related to affective education.

IV. COMPETENCIES -- THEORETICAL BACKGROUND

a) Knowledge and demonstrated competency in their specific and related areas of expertise.
b) Awareness of the general philosophy of programs servicing emotionally handicapped population.

V. COMPETENCIES -- INTERPERSONAL SKILLS

a) Ability to function effectively within a multidisciplinary team.
b) Ability to establish and facilitate open communication and problem solving with students, parents, teachers, administrators, other professionals, and paraprofessionals, respecting the confidential nature of student needs.
c) Ability to function as an appropriate role model.

VI. COMPETENCIES -- CONSULTATION/COUNSELING

a) Knowledge of and the ability to utilize resources that provide services to SEH students and recognition of when to utilize them.
b) Ability to provide a variety of direct or indirect services.

c) Ability to function as a resource to students, teachers, administrators, other professionals, and parents within the area of their expertise.
d) Ability to assist in designing, conducting, and evaluating inservice programs for teachers, administrators, other professionals, and parents.

VII. COMPETENCIES -- ADMINISTRATIVE

a) Ability to keep appropriate and accurate records.
b) Knowledge of local, state, and federal laws, rules, regulations, policies, and procedures as they pertain to their respective role.
c) Ability to function as a contributing member in appropriate meetings or conferences.

Workshop/Inservice

a) How to measure behavior and record appropriate data.

b) Overall structure of public schools.

c) Roles and responsibilities of individuals within public schools.

d) Role of special services in public schools.

e) Awareness of community resources available to public schools and their role in providing services to SEH students.

f) A survey of state and federal regulations relating to their respective roles as needed to serve SEH students.

PARAPROFESSIONALS

I. COMPETENCIES -- ASSESSMENT

a) Awareness of the various types of handicapping conditions and their appropriate education programs.

Workshop/Inservice

a) How to measure behavior and record appropriate data.

b) How to complete rating scales and checklists.

II. COMPETENCIES -- BEHAVIORAL MANAGEMENT

a) Ability to establish and maintain a structured learning environment for students when working in a one-on-one or small group situation under the direct supervision of the EH teacher.
b) Ability to utilize various strategies for developing appropriate social/emotional behavior under the direct supervision of the EH teacher.
c) Ability to follow and implement individual behavior management programs designed under the direct supervision of the EH teacher.
d) Ability to observe and communicate individual students behavior (antecendent, resulting behaviors, etc.) to appropriate personnel.

Workshop/Inservice

a) What is a structured learning environment?

b) Basic methods and techniques to establish a structured learning environment under direct supervision of SEH teacher.

c) How to implement individual behavior management programs under direct supervision of SEH teacher.

d) How to observe behaviors.

III. COMPETENCIES -- INSTRUCTION

a) Ability to use a variety of recommended academic instructional activities, techniques, and materials to meet individual needs under the direct supervision of the EH teacher.
b) Ability to reinforce the goals and objectives of the affective education curriculum.

Workshop/Inservice

a) Workshop introducing and demonstrating newly developed special education materials.

b) Workshop demonstrating ways to adapt a variety of materials to fit the programming for SEH students.

c) What is affective education?

d) What are the goals of affective education?

e) Specific activities to include in the affective education component.

IV. COMPETENCIES -- THEORETICAL BACKGROUND

a) Awareness of normal child growth and development.
b) Awareness of regular education and special education curriculums.
c) Awareness of affective education curriculum.
d) Awareness of the general philosophy of programs servicing emotionally handicapped population.

Workshop/Inservice

a) Basic child growth and development and what can go wrong.

b) General philosophy of programs servicing SEH students.

c) An awareness of regular education and special education curriculum.

V. COMPETENCIES -- INTERPERSONAL SKILLS:

a) Ability to establish and maintain open communication with students, parents, teachers, administrators, other professionals, and paraprofessionals, respecting the confidential nature of student needs.
b) Serves as an appropriate role model.

Workshop/Inservice

a) Nature and importance of confidentiality.

b) How to establish an environment conducive to helpful/productive communication between individuals.

c) Steps to effective problem solving: assessment, identification, and action toward resolution.

d) What is meant by an appropriate role model?

VI. COMPETENCIES -- ADMINISTRATIVE

a) Ability to keep appropriate and accurate documentation under the direct supervision of the EH teacher.
b) Knowledge of the importance of prompt communication and filing of records with the appropriate personnel.

Workshop/Inservice

a) How to keep accurate records and documentation in a prompt and efficient manner.

b) Effective record keeping.

c) A survey of state and federal regulations relating to their respective roles as needed to serve SEH students.

d) Identifying their role in meetings and conferences.

NONPROFESSIONAL SUPPORT PERSONNEL who directly interface with students on a consistent basis include bus drivers, custodians, secretaries, cafeteria workers, cafeteria aides, bus aides, and volunteers.

I. COMPETENCIES -- ASSESSMENT

*a) Awareness of the various types of handicapping conditions and their appropriate educational programs.

Workshop/Inservice

a) Overview of all handicapping conditions and the type of educational programs provided by the school.

II. COMPETENCIES -- BEHAVIORAL MANAGEMENT

a) Ability to implement behavior management techniques for students under the direct supervision of the SEH teacher, behavior consultant, and/or administrator.

Workshop/Inservice

a) Basic principles of behavior management (e.g., the need for consistency, and ways not to be drawn into manipulative student behavior, etc.).

b) How to implement behavior management techniques under the direction of the SEH teacher.

III. COMPETENCIES -- INSTRUCTION

a) Ability to instruct and use a variety of techniques with students in promoting personal safety in school and related environments.

Workshop/Inservice

a) Overview of basic safety education in related environments.

b) Methods to instruct and a variety of techniques to use with students to promote personal safety in school and related environments.

IV. COMPETENCIES -- INTERPERSONAL SKILLS

*a) Ability to establish and maintain communication with students, teachers, co-workers, and administrators, respecting the confidential nature of student needs.

Workshop/Inservice

a) Nature and importance of confidentiality.

b) How to establish an environment conducive to helpful/productive communication between individuals.

c) What is meant by an appropriate role model?

V. COMPETENCIES -- ADMINISTRATIVE

a) Ability to keep appropriate and accurate documentation under the direct supervision of the EH teacher, behavioral consultant, and/or administrator.
*b) Knowledge of the importance of prompt communication and filing of records with the appropriate personnel.

Workshop/Inservice

a) How to keep accurate records and documentation in a prompt and efficient manner.

b) A survey of state and federal regulations relating to their respective roles as needed to serve SEH students.

*These are suggested competencies for all nonprofessional support personnel.

MODEL I

DURATION: One semester that includes two full inservice days at the beginning and the end, and monthly group meetings.

PARTICIPATION: All participants involved according to need.

Inservice Day #1:

General Session for All Participants (1 Hour)

An Overview of the EH program and its objectives, reviewing the legal mandate and the organization of the local program.

Group Meetings based on the needs of various target populations. Some groups (bus drivers, custodians, cafeteria aides, etc.) may not be involved the entire day but only for the period of time it is felt necessary to impart necessary knowledge. Other groups with common needs may form larger group sessions for information gathering, gradually forming smaller groups throughout the day according the specific needs of the target population.

Inservice Day #2:

A Review and Evaluation of the Program (1 Hour)

Group Meetings similar to the ones above for the purpose of reviewing specific needs and refinement of goals and objectives.

Monthy Meetings: One hour in duration to address the needs of specific target populations. These could be held after school or on released time and could be held at various sites.

MODEL II

DURATION: One school year that includes three general sessions of ninety minutes each and monthly group meetings.

PARTICIPATION: All participants according to need.

Session One: An Overview of the SEH program and objectives.

Session Two: Progress Assessment.

Session Three: Review and Evaluation.

Monthly Meetings: One hour in duration with goals and objectives designed to meet the needs of various target populations.

MODEL III

DURATION: One year that includes four quarterly half-day sessions.

PARTICIPATION: Participants will be involved according to need.

Session One: All participants. An overview of the SEH program, it goals and objectives.

Session Two: Target populations grouped according to common needs for large group presentations. Some groups (nonprofessionals) not involved.

Session Three: Target population group meetings. Some may not be involved.

Session Four: Target population group meetings. Some may not be involved.

FACTORS FOR CONSIDERATION IN SELECTION OF MODEL FOR INSERVICE

1. Financial ability of the corporation to pay for substitutes will determine when sessions may be held, i.e., after school or during the school day.

2. Involvement and participation based upon the competencies and needs of the various target populations. Sessions should move from providing a general awareness appropriate to the entire group through a filtering out process with those having the most direct involvement being involved in all sessions.

3. The extent of the program within a corporation may require adjustment of the models. As a corporation experiences growth in this area, designated training sessions are appropriate on an annual basis for new personnel and to ensure awareness of changes to existing personnel.

AGENDA

January 21, 1981 . . . . 7:00-8:00 P.M.

An Overview of the Administrative Intern Program.

A. Formal evening meetings.
B. Weekend inservice
C. School project.
D. Committee responsiblities.

January 21, 1981 . . . . 8:00-9:00 P.M.

An Overview of Kokomo-Center Township Consolidated School Corporation Administrative Organization and Selected Job Descriptions.

Speakers: Dr. Marilyn Skinner, Dr. Larry Horner

Participants: Administrative Interns

January 27, 1981 . . . . 7:00-8:30 P.M.

An Overview of Social Change and the Implication for Today's Administrator.

January 27, 1981 . . . . 8:30-9:00 P.M.

Small-Group Discussion

Speaker: Dr. Gerald DeWitt, Assistant Superintendent, MSD Washington Township.

Discussion Leaders: Dr. Robert Lawson, Mr. Harry McCool, Mr. Gene Parks, Mr. Jack Burkett, and Mr. John Kennedy.

Participants: Administrative Interns and all Administrative Team members.

February 3, 1981 . . . . 7:00-8:30 P.M.

Board Policies and Administrative Guidelines

February 3, 1981 . . . . 8:30-9:00 P.M.

Small-Group Discussion

Speaker: Dr. Robert Dalton.

Discussion Leaders: Mr. Donald Holihan, Mr. Warren Jeffers, and Mr. Jerome Friedrich.

Participants: Administrative Interns

February 6 & 7, 1981 . . . .

Administrative Inservice Program.

Self-Awareness as it Affects the School Administrator and His/Her Ability to Cope Effectively with School-Related Social Change.

February 6, 1981 . . . . 7:00-9:30 P.M.

Speaker: Dr. Kay Stickle

February 7, 1981 . . . . 9:00-11:30 A.M.

Speaker: Dr. Ken Dimick

February 7, 1981 . . . . 1:00-3:30 P.M.

Speaker: Dr. Ted Draker

Participants: Administrative Interns and all Administrative Team members.

February 10, 1981 . . . . 7:00-7:45 P.M.

Self-Awareness and the Administrator

February 10, 1981 . . . . 7:45-8:30 P.M.

Transactional Analysis for the Administrator

February 10, 1981 . . . . 8:30-9:00 P.M.

Small-Group Discussion

Speakers: Mr. Earl Lees, Mrs. Marjorie Roush, and Dr. Larry Horner

Discussion Leaders: Mr. Earl Lees, Mrs. Marjorie Roush, and Dr. Larry Horner

Participants: Administrative Interns

February 16, 1981 . . . . . 7:30-Conclusion of Meeting

A School Board in Action

February 24, 1981 . . . . 7:00-9:00 P.M.

Coping with Stress and Burnout

Speaker: Ms. Marilyn Heavenridge, Principal, Sunnyheights Elementary School, Indianapolis, Indiana

Discussion Leaders: Mr. Jack Link, Mr. Joe Mathias, Mr. Les Dumoulin, and Mr. David Massey

Participants: Administrative Interns and all Administrative Team members.

March 10, 1981 . . . . 7:00-9:00 P.M.

Due Process

Speaker: Mr. Charles Lane

Participants: Administrative Interns

March 16, 1981 . . . 7:30 P.M. - Conclusion of Meeting

A School Board in Action

March 24, 1981 . . . . 7:00-9:00 P.M.

Discipline: A Systematic Approach

Speakers: Dr. Robert Lawson and Mr. Tom Power

Participants: Administrative Interns

April 7, 1981 . . . . 7:00-9:00 P.M.

Special Services for the Exceptional Child: A Legal Standpoint

Speaker: Ms. Marge Bannon, Department of Public Instruction, Attorney for the Division of Special Education

Participants: Administrative Interns and all Administrative Team members.

April 14, 1981 . . . . 7:00-9:00 P.M.

Special Education: An Overview

Speaker: Ms. Sue Yovanovich

Discussion Leaders: Mr. Dan Hockney, Mr. Robert Brooke, and Mr. Joe Winger

Participants: Adminstrative Interns

April 28, 1981 . . . 7:30 P.M. - Conclusion of Meeting

A School Board in Action

Participants: Administrative Interns

April 28, 1981 . . . . 7:00-9:00 P.M.

Special Programs and Their Funding

Speaker: Mr. Charles Nipple

Participants: Administrative Interns

May 5, 1981 . . . . 7:00-9:00 P.M.

Communication and Public Relations

Speaker: Ms. Lucy Lange, Reporter, Kokomo Tribune

Participants: Administrative Interns and all Administrative Team members

May 12, 1981 . . . . 7:00-9:00 P.M.

Community and School Relations

Speakers: Mr. Robert Brooke, Mr. Dan Hockney, and Mr. Frank Moore

Participants: Administrative Interns

May 18, 1981 . . . . 7:30 P.M. - Conclusion of Meeting

A School Board in Action

Participants: Administrative Interns

May 26, 1981 . . . . 7:00-9:00 P.M.

Effective Written Communication

Speakers: Mr. Harry McCool and selected Haworth staff

Participants: Administrative Interns

SECTION IV

Seriously Emotionally Handicapped

CURRICULUM

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped

January 1986

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INTRODUCTION

A well-defined curriculum is very important to the success of programs which meet the needs of seriously emotionally handicapped students. The classroom should be well-structured physically, and there should be well-defined and consistent rules. A behavior management program should be in place and affective education should be an integrated part of the every day activities. Finally, increasing attention should be directed toward the vocational training needs of the students identified as seriously emotionally handicapped.

This section does not attempt to offer any one way to organize the curriculum; but, rather offers an overview of alternatives which might be considered.

INDIANA COMMITTEE ON THE EMOTIONALLY HANDICAPPED

MEMBERSHIP

Mr. Gilbert Bliton	Director, Division of Special Education Indiana Department of Education
Ms. Shirley Amond Committee Chairperson	Director of Special Education West Central Joint Services

CURRICULUM

Ms. Ann Schnepf Chairperson	Coordinator, Special Education Clark County Special Education Cooperative
Dr. Anne Bauer	Assistant Professor Indiana University-Southeast
Ms. Loretta Broady	Special Needs Vocational Coordinator Clark County Special Education Cooperative
Dr. Carolyn Brown	School Psychologist Clark County Special Education Cooperative
Ms. Judy Flowers	Educational Consultant, Putnam-West Hendricks Special Education Cooperative
Ms. Linda Grumley	EH Teacher Clark County Special Education Cooperative
Ms. Susan Holleran	EH Teacher Fort Wayne Community Schools
Ms. Cindy Jackson	Consultant, Programs for Emotionally Handicapped Division of Special Education
Ms. Denise Oliver	EH Teacher/Department Chairperson West Central Joint Services
Ms. Tammy Oliver	EH Teacher Kokomo Area Special Education Cooperative
Ms. Dawn Vukusich	EH Supervisor Porter County Special Education Cooperative

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Seriously Emotionally Handicapped

CURRICULUM

SUBSECTION A: CLASSROOM MANAGEMENT AND INSTRUCTION

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped

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CLASSROOM MANAGEMENT AND INSTRUCTION

RATIONALE

A well-managed classroom is essential for successful programming for emotionally handicapped students. Teachers must feel secure and successful in their classrooms in order to develop a sense of security and success in their emotionally handicapped students. A carefully managed and structured classroom allows teachers to use academic instruction as a means of achieving behavioral goals. This section presents suggestions for developing well-managed classrooms and instructional programs for emotionally handicapped students.

GOAL

The goal of classroom management is to provide a structured, productive classroom for instruction.

OBJECTIVES

After reviewing this information, you will be able to:

a. design a physical environment responsive to student needs.
b. develop an effective instructional schedule.
c. group students for instruction.
d. select and adapt materials responsive to students' needs.
e. maintain a classroom climate conducive to learning.
f. select curriculum and develop IEPs.
g. document student progress.

STRATEGIES, MODELS, AND INTERVENTIONS

This section contains information to assist you in designing a classroom that works. The suggestions are gleaned from experience, research, and several years of survival as teachers of emotionally handicapped students (and still coming back for more). These are only suggestions; what works for some teachers and classes may not work for others. These suggestions are applicable across the continuum of services (in many kinds of classrooms and places) and across age levels. However, specific remarks will be made concerning individual service options and grade levels as necessary. You may already be utilizing these strategies effectively. You may even have suggestions to add. We urge you to know yourself and your students and use what works.

THE PHYSICAL ENVIRONMENT

(Do I have to sit here?)

The physical environment of the classroom affects behavior, social interaction, and academic growth. In this section, we'll be addressing variables in the physical environment, some of which may be beyond your control. Remember, special educators are reknown for their ability to adapt.

Furniture. Placement of furniture may seem simplistic, but if carefully considered and completed before the arrival of the students, it may mitigate behavior problems. Some variables to consider include:

a. Assign desks before the students arrive.
b. Labeling desks, chairs, coathooks, lockers, and other items with each student's name may reduce confusion.
c. Place desks close enough together to enable you to observe and instruct the group, yet far enough apart to minimize distractions and verbal and physical aggression.
d. Consider students' physical needs when arranging furniture. All furniture should be appropriately sized and comfortable.
e. Moveable furniture allows you greater flexibility and creativity in planning a classroom responsive to your students' needs (don't bolt those desks to the floor, even though you'd like to).
f. If possible, furniture should match (there's always one student who wants the "red chair").
g. "Offices," study carrels, or individual study areas are an option to desks which may effectively manage behavior.
h. Furniture should approximate that found in regular education settings.

Designing your floor plan. Floor plans facilitate movement and can alleviate behavior problems. You may have to work with what you have. Several effective sample floor plans are included (see Figures 1 through 5) (remember, what works for some teachers will not work for others). Variables to consider in designing your floor plan include:

a. Lighting, though one variable over which you have little control, lighting can impact on your students' behaviors and their ability to complete their work. Work areas should have adequate light for the tasks involved. Teachers should be aware of the effects of lighting on students (buzzing and blinking fluorescent lights are distracting).
b. Noise level of teacher and students. Consider high traffic areas, windows, banging radiators, group work areas, and teaching machines.
c. Movement patterns. Passage of students and teacher should be as unobtrusive as possible. Groups should be able to get where they need to be without disturbing others.
d. Quiet areas. Quiet areas are seldom found in the home environment of many emotionally handicapped students and may be appreciated. Alternative furniture (e.g., bean bag chairs, cots, pillows, rocking chair) may be necessary in this area.
e. Private areas or "turf." Teachers, aides, and students all need a spot for personal belongings and materials.
f. Lines of vision. Teacher-student, student-blackboard, teacher-door, and student-teacher lines of vision must be considered.
g. Decorations. These should be age appropriate, seasonal, and serve a purpose.
h. "Givens" (those things you have to live with). Adaptation rather than manipulation may be necessary. Windows require planning (distractible students may not accomplish a great deal if seated near a window). The size of your room may hinder your ability to plan the classroom you would like. You may not have the blackboards, electrical outlets, storage, or furniture you need or desire. Your room may not be located in the most desirable part of the building. Creativity and flexibility are essential.
i. Emergency buttons. Some communication system outside of your room can be a great deal of help in managing more severe behavior problems or crises.

A self-rating form for the physical environment which you plan is included (see Figure 6).

FIGURE 1

Self-Contained Classroom for Severely Involved Students

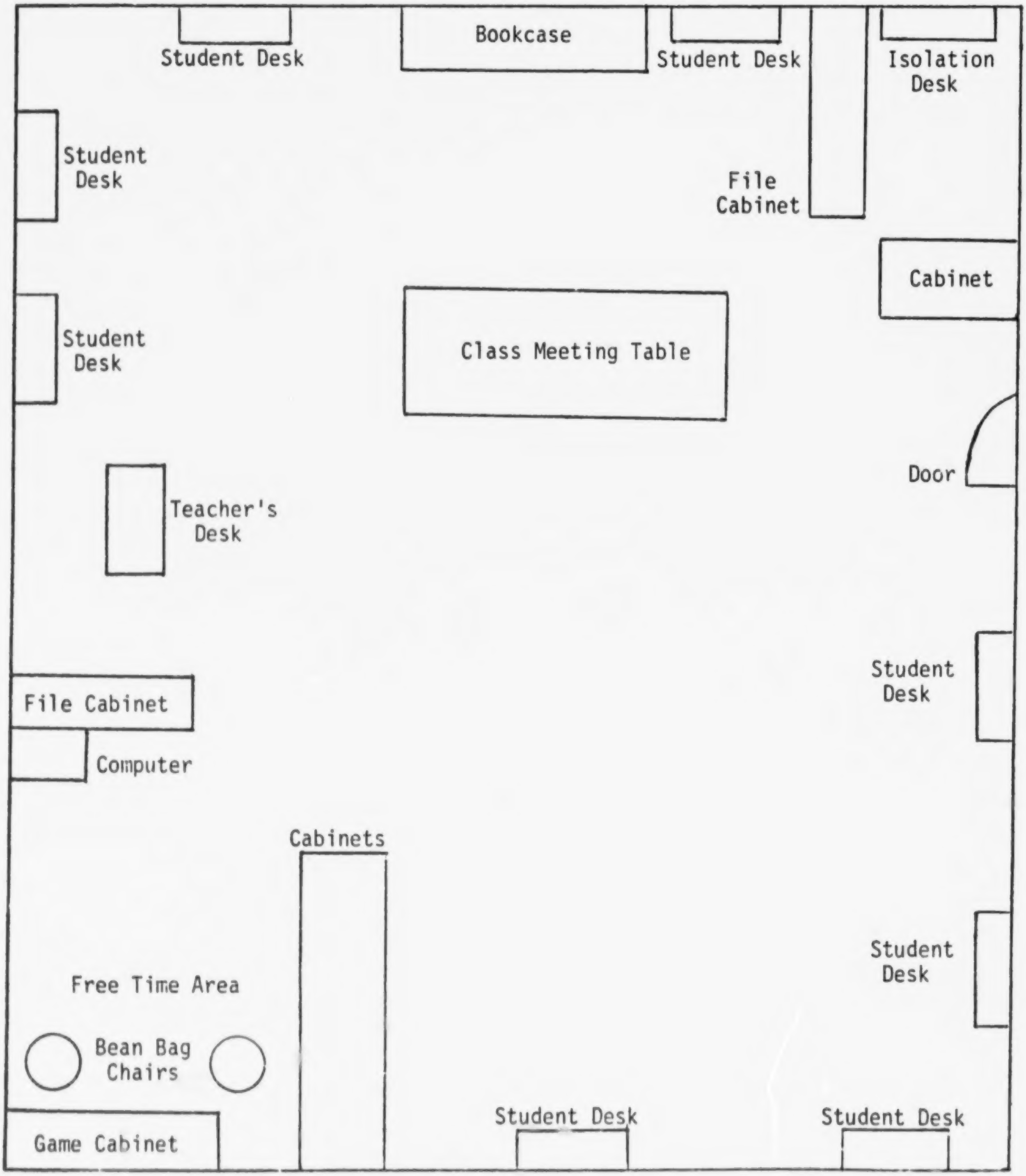


FIGURE 2

Traditional Setting
Little Movement

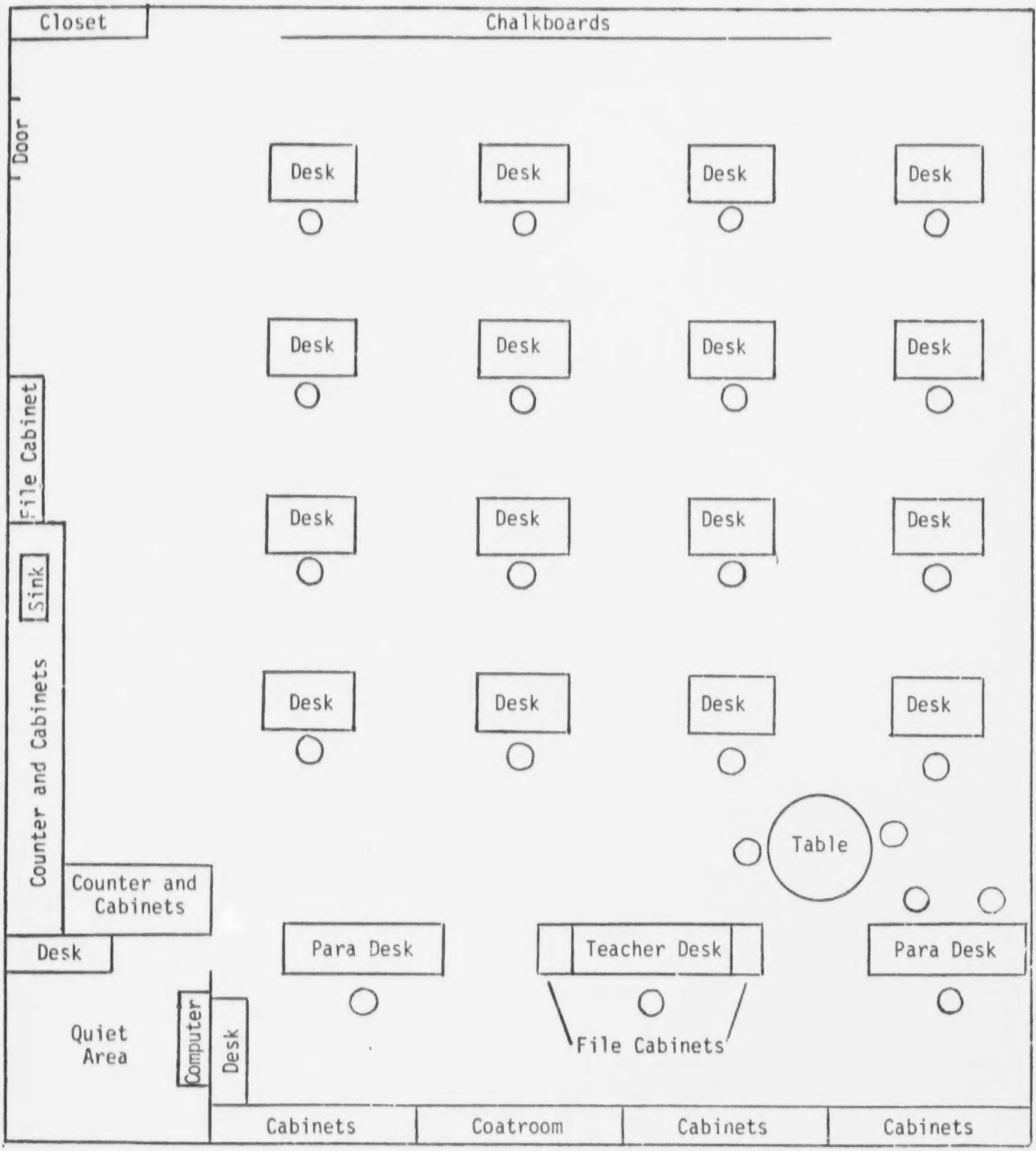


FIGURE 3

Secondary Resource Room

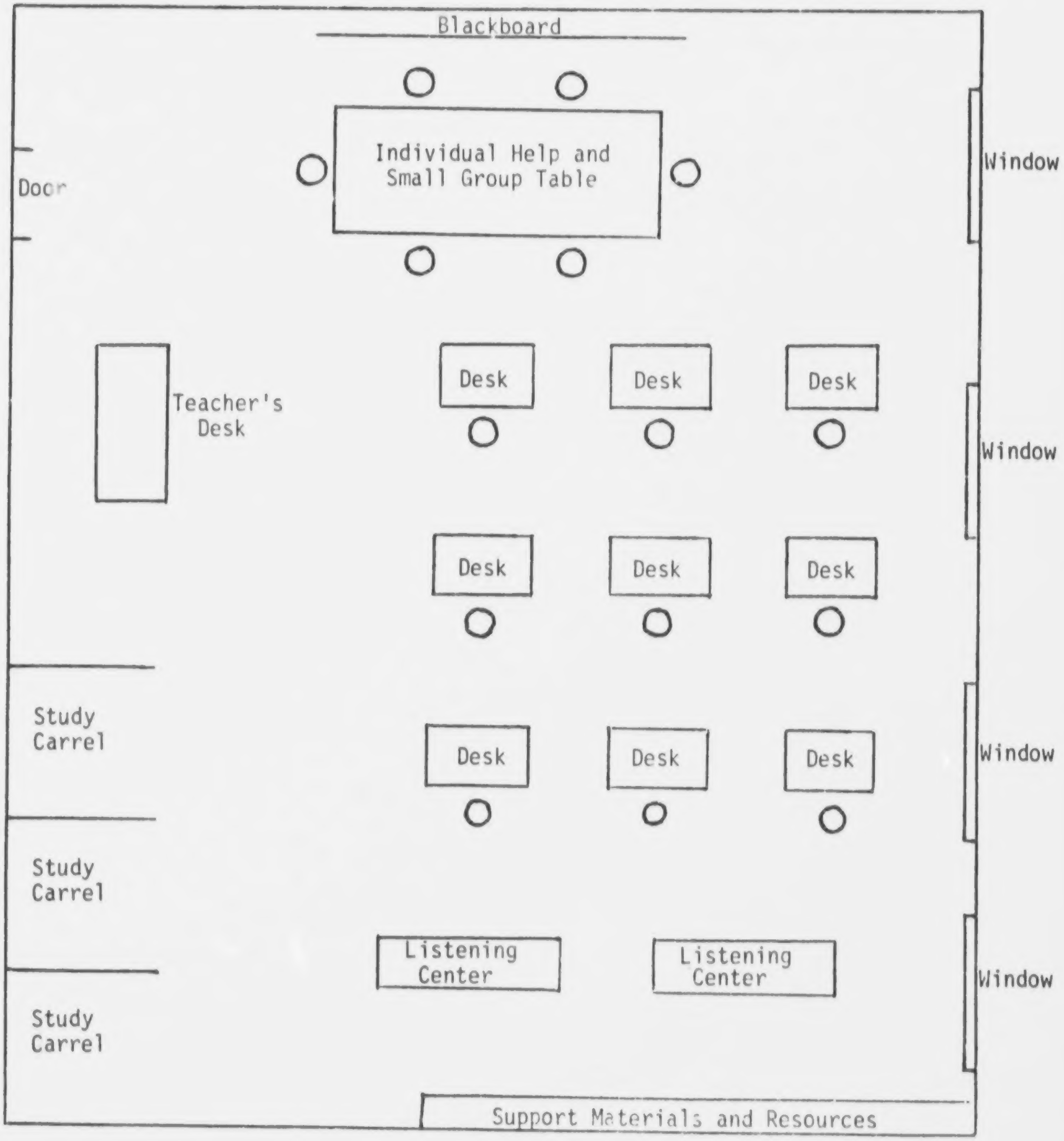


FIGURE 4

Primary Self-Contained Classroom

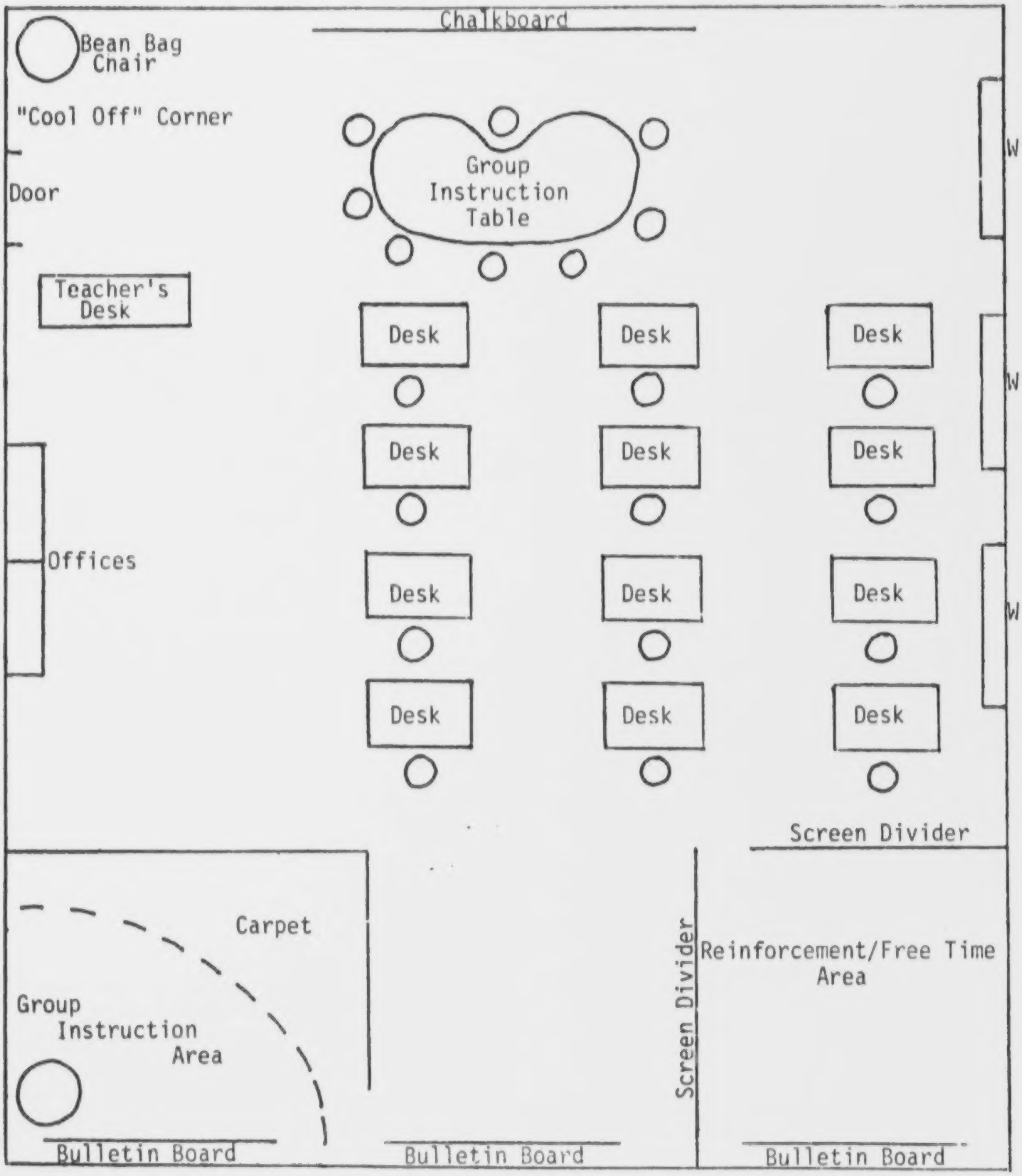
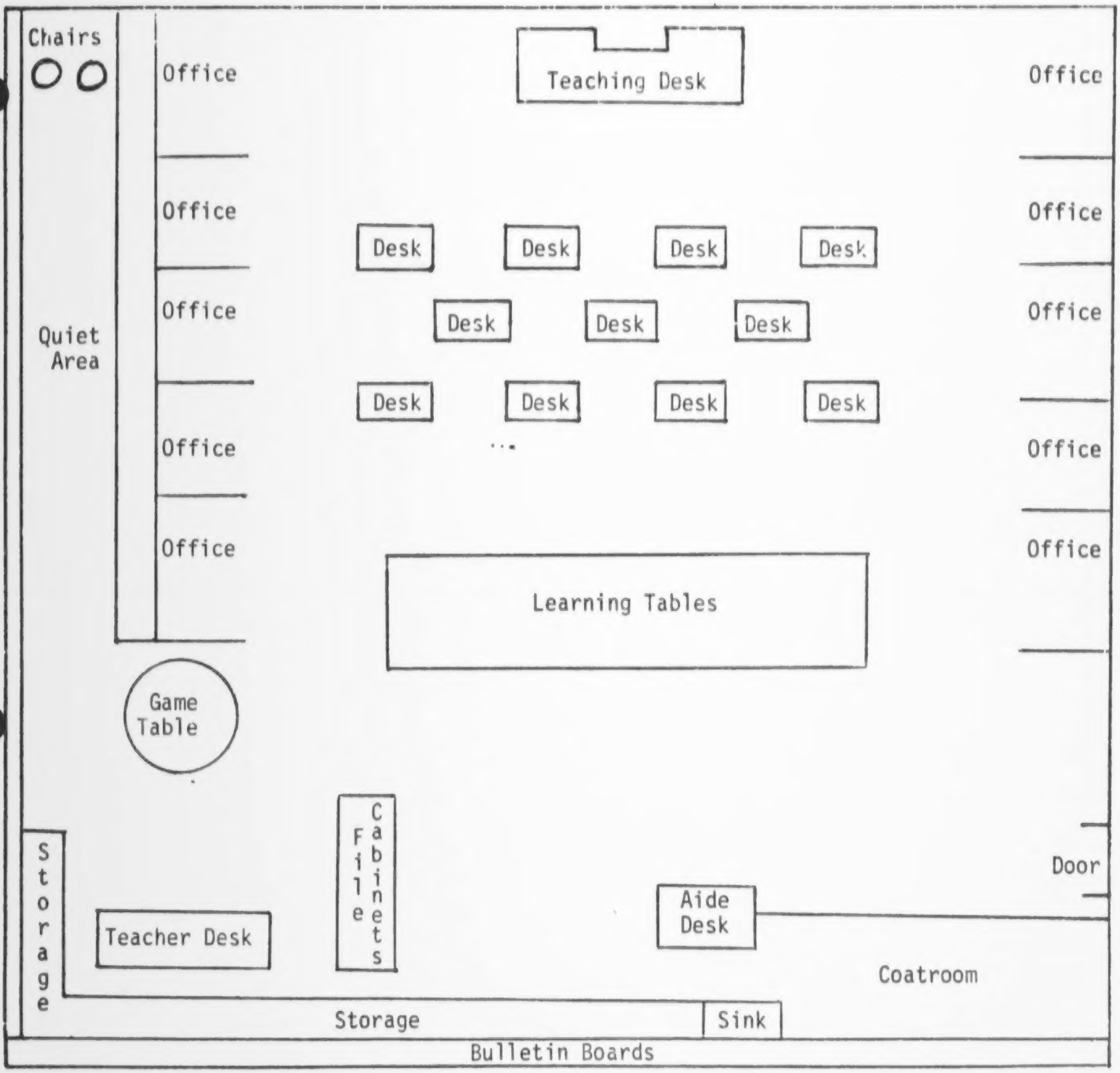


FIGURE 5



1. Offices are made from heavy plywood. They are 4' x 4' x 4' with a floor. (Lumber companies will donate plywood in some communities and high school wood shops can do the construction.)
2. Desk are not moved into office area until set behavior and academic requirements are met. (This may happen as early as mid-October or as late as mid-January.)
3. Office walls are covered with colored bulletin board paper so each student can decorate earned office with teacher approved posters, stickers, personal papers, and treasures.
4. Once an office is earned, the student must maintain positive behavior and academic decision-making skills. If not, the student moves out and he must once again earn the office.

FIGURE 6

Rating Form for Evaluation of the Physical Environment. Rate each item as yes, no, or undecided.

	Yes	No	Undecided
Do students appear to be physically comfortable in the room?	___	___	___
Are there areas for one-to-one instruction?	___	___	___
Are there areas for large group instruction?	___	___	___
Are there areas for individual work?	___	___	___
Are there physical barriers between students and teacher?	___	___	___
Are the colors in the room pleasant (walls, furnishings, decorations)?	___	___	___
Are the decorations age appropriate?	___	___	___
Does the room approximate a regular education environment to the fullest extent possible given present student needs?	___	___	___
Are materials arranged by content area?	___	___	___
Is there "clutter" which confuses or distracts students?	___	___	___
Are there specific areas students may use when they wish to be quiet?	___	___	___
Are there specific areas students may use to "let off steam"?	___	___	___
Are students able to begin, end, and change activities without disrupting others?	___	___	___
Do student have personal, private space?	___	___	___
Is the room clean?	___	___	___
Are the furnishings sufficiently flexible to encourage a variety of groupings?	___	___	___
Are feedback and examplars provided in the environment (mirrors, handwriting samples, reinforcement menus, etc.)?	___	___	___
Does the special education teacher have visual access to all students?	___	___	___

Are there sufficient materials and equipment to minimize conflicts over property rights? ___ ___ ___

Are there sufficient work areas (individual study, small group, private) to minimize conflict? ___ ___ ___

Is the environment periodically modified in response to emergency student needs to allay boredom? ___ ___ ___

(Shea & Bauer, 1986)

SCHEDULING FOR INSTRUCTION (or how do I teach twelve children at eight different levels ten subject in six hours?)

Teachers are rarely prepared in their training to produce effective instructional schedules. Scheduling is very much an individualized, learn-by-doing process. An effective schedule can in itself manage behavior of emotionally handicapped students.

By the nature of their program, teachers in self-contained settings have more control over their schedules. Resource room teachers may face the challenge of pleasing six regular education teachers and a principal with their schedules. In middle, junior high, and secondary school, student schedules may be planned with minimal special educator input. However, the following suggestions are applicable across all settings.

Allocated time (the amount of time scheduled for a subject) and engaged time (the amount of time students are actually actively learning) should be approximately the same. Through carefully scheduling, these two periods may approach equality.

The transitions within your classroom have a great deal of impact on the amount of engaged time. Instructional time is lost when the changing of groups, activities, and materials is not smooth and efficient. Englemann (1984) makes these suggestions:

a. Model appropriate transition activities yourself.
b. Signal the beginning and ending of activities, using key phrases such as "It's time to...."
c. Remediate transition problems such as slowness and disruptiveness. Review the rules for changing activities immediately before transitions.
d. Reinforce quick, quiet transitions.
e. Have ready developed "work rules" for early finishers, students unable to continue their assigned tasks, students requiring additional help, etc.

Gallagher (1979) makes several suggestions useful in developing schedules. She stresses moving students along a continuum even in your classroom, in order to prepare them for less restrictive environments. Gallagher maintains that students' schedules should be developmental and constantly evolve as skills and behavioral control increases. She suggests that:

1. group planning should gradually replace individual planning;
2. instruction which begins at individual levels should gradually evolve into small and larger group instruction;
3. short work periods should gradually become longer periods;
4. individual work areas should gradually become group work areas;
5. the amount of adaptation to the curriculum and materials must be gradually reduced;
6. structured, definite periods for specific activities should gradually evolve into more flexible class periods;
7. activities initially planned by the teacher should become cooperatively planned activities;
8. teacher supervision of all activities is gradually replaced with self-monitoring;

9. students' time in the special education program should be gradually reduced;
10. tangible reinforcers should be replaced by natural reinforcers;
11. reinforcers initially presented on a fixed schedule should be presented on an intermittent schedule; and
12. immediate reinforcement should be replaced by delayed reinforcement.

Besides these suggestions for developing schedules, Gallagher makes the following remarks concerning the use of schedules:

A. Only work that can be finished by the end of the school day should be scheduled.
B. Students should be required to complete one task before beginning the next.
C. Time reminders should be provided, e.g., kitchen timers, verbal cues, and other signals to alert the students to follow their schedules.
D. If tasks are completed ahead of schedule, no additional work is assigned; work added after the completion of assigned tasks does not reinforce future task completion.
E. Establish expectations for the students in advance.
F. Each student's schedule should include a combination of self-monitoring and teacher monitoring of behavior.
G. Positive feedback should be provided.

So now I know what to do and what not to do, but how do I do it?

1. Take each student's IEP. Put one goal of the IEP on a card which also includes the student's name, current level of functioning on the goal, and related short-term objectives.
2 Group the students by sorting the cards and functioning levels. (Also, check out the following section on groups for some helpful hints.)
3. Choose a schedule format (sample formats are included for you). In the left-hand column, write the time periods to be planned into the schedule.
4. List the givens (lunch, recess, PE, art, music, media center, homeroom, speech, and other services). Remember to allow for transitions when writing your schedule.
5. Place your cards on the schedule, adjusting activities until there are no conflicts with other scheduled activities.
6. Review and discuss the proposed schedule with others serving the student, i.e. regular teachers, principal, parents, and related services.
7. Remember to adjust the schedule -- adaptation and flexibility are the key to a successful schedule.

Resource Room Schedules

Resource room schedules must reflect the needs of the regular educator as well as the needs of the emotionally handicapped student. Connor and Muldoon (1967) maintain that the goal of the resource room is to give the student assistance in learning within the structure of the regular classroom and to enable the student to profit from that structure. In order to serve this purpose, the resource room teacher must provide for times in the instructional schedule to perform many varied tasks.

Adamson (1983) describes two types of activities for which the resource room teacher must plan: direct and indirect services. Direct services, or services provided to the students themselves, include:

1. teaching school survival strategies
2. developing behavior and performance contracts
3. monitoring progress and providing feedback
4. roleplaying with students
5. teaching problem solving
6. consequence misbehavior
7. monitoring or preassessing assignments from the regular education program
8. providing rewards and incentives
9. developing and implementing progress reports
10. teaching time management skills
11. crisis intervention
12. behavioral training with students
13. negotiation training with students
14. using precision teaching techniques
15. developing and implementing compensatory activities

Indirect services, or services provided to support the student, include:

1. modifying and substituting assignments
2. modifying grading
3. providing teachers with low level materials
4. performing task analysis
5. sharing ideas
6. developing plans
7. brainstorming with other staff members
8. problem solving with other staff members
9. cofacilitating group meetings with regular educators
10. observing and giving feedback to regular educators
11. developing learning centers and models
12. developing and implementing buddy systems
13. developing and implementing peer tutoring
14. providing awareness training of nonhandicapped peers
15. crisis intervention

Because of these many duties, resource room teachers must include planning, communication, and regular education support time in their schedules.

Sample Schedules

The Premack schedule. The Premack principle states that behaviors which occur frequently can be used as reinforcers for less frequently occurring behaviors. To apply this in a schedule, the teacher first marks each scheduled period of the day with a positive (+) or a negative (-). Positive activities then serve as the reinforcer for less positive activities. Days should begin and end with positive activities (see Figure 7).

IEP Organizer Format. Manley and Levy (1981) designed a schedule format called the IEP organizer. This format eliminated the need for daily lesson plans. The organizer is a chart on the wall of the classroom which contains a time schedule, a brief description of each period, and two pockets for each period (see Figure 8). The two pockets are labeled INDIVIDUAL OBJECTIVES and ACTIVITIES. In the first pocket, put cards on which the child's IEP objectives are listed in the area described. The second pocket contains a list of group and/or individual activities and materials which apply to each of the children's objectives.

As the day progresses, the cards in the pockets are removed and remarked to review the student's objectives and activities. When a student achieves an objective, the special educator writes the date on which the objective was completed on the card and places it in the student's file. The student's next short-term objective is then inserted in the appropriate pocket.

Other sample schedules are presented in Figures 9 and 10.

FIGURE 7

PARTIAL SCHEDULE DEMONSTRATING THE USE OF "GRANDMA'S LAW"

9:00	+	Selection of free time activity while waiting for other students to arrive
9:10	-	Students return to seats; quiet activities during attendance, lunch count, "housekeeping activities"
9:15	+	Sharing time
9:35	-	First reading group, independent seatwork
9:55	-	Drinks, transition activity to next group
10:00	-	Second reading group, independent seatwork
10:20	+	Recess

FIGURE 8

SAMPLE IEP ORGANIZER

		Individual Objectives	Activities
9:00	Opening activities	☐	☐
9:30	Reading Groups	☐	☐
10:00	Recess	☐	☐
10:15	Reading Groups	☐	☐
10:45	Group Meeting	☐	☐
11:05	Language development	☐	☐
11:35	Lunch	☐	☐
12:05	Outdoor play	☐	☐
12:20	Activities of daily living	☐	☐
12:50	Math groups	☐	☐
1:20	Math groups	☐	☐
1:50	Social Studies	☐	☐
2:20	Language Arts	☐	☐
2:50	Units	☐	☐
3:00	Group Activity	☐	☐

(Shea & Bauer, 1986)

FIGURE 9

SECONDARY CLASS SCHEDULE

First Hour: 7:15 - 7:50 - Reading
Second Hour: 7:55 - 8:35 - Language Arts
Third Hour: 8:40 - 9:20 - Social Studies
Fourth Hour: 9:25 - 10:25 - Math
Fifth Hour: 10:30 - 11:25 - Science
11:25 -11:55 - Lunch
12:00 -12:20 - Rest Room
Sixth Hour: 12:25 - 1:25 - Health
Seventh Hour: 1:30 - 2:30 - Decision Making

FIGURE 10

SAMPLE SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:15	Restroom, attendance, etc.	--	--	--	--
8:15-9:00	Spelling/ Handwriting	--	--	--	--
9:00-10:00	Reading	--	--	--	--
10:00-10:30	Morning Math	--	--	--	--
10:30-11:00	Language	--	--	--	Compositions
11:00-11:10	Restroom	--	--	--	--
11:10-11:45	Lunch/Recess	--	--	--	11:10-12:00 Recess Free
11:50-12:15	Exercise	12:05 - Exercise	--	--	12:00-12:30 Story Time/ Library
12:05-1:00	Math	12:20-1:00 Math	--	--	12:30-1:00 Math
1:05-1:30	Music	1:00-1:30 Teacher Choice	--	--	1:00-2:00 Special Activity
1:30-2:00	Teacher Choice	1:30-2:00 Gym	Art	Gym	Special Activity
2:00-2:15	Check out story; prepare to leave	--	--	--	--

NOTE: -- means to repeat activity done the day before for this period of time.

More Advice

(Just what you need at this point, right?)

1. Give the kids a copy. Assignment sheets should be individually designed. They may not work for all classrooms, but they do provide for structure for some students. Assignments must be clear -- students need to know what to do, where to get materials, and what is expected of them.
2. The less movement the better. Plan for the least amount of disruptions.
3. Arrival of the bus, lunch, and recess are difficult times for students with emotional handicaps. Use your schedule to avoid the behavior problems which usually occur at these times. Structured, quiet activities are recommended. Children need to know what is expected of them after each of these activities. Some suggestions are:
    a. Have something on the students' desks when they arrive. Reinforce coming in and beginning to work.
    b. Quiet times (such as story time or sharing) after lunch and recess are good ideas for primary and intermediate students.
    c. Individual, self-directed assignments are good to ease transition activities. The students know what they are supposed to do and you have time to get your act together.

A self-appraisal form for schedules is shown in Figure 11.

FIGURE 11

Self-Rating Scale for Instructional Organization

Rate your performance on each of the competencies below using the following scale:

(1) Not at all like me
(2) Somewhat like me
(3) Moderately like me
(4) A great deal like me
(5) Very much like me

Competencies	Performance Evaluation
ALLOCATED TIME	
Schedule students into direct instruction and interact with 70% or more of the students each hour	1 2 3 4 5
Spend 80% or more of class time in instructional activities	1 2 3 4 5
Minimize transition time with less than three minutes between change of students and activities, 30 seconds between change of activities only.	1 2 3 4 5
Signal beginning and end of activities	1 2 3 4 5
Gain students' attention before beginning a lesson and maintain at 90% level	1 2 3 4 5
Prepare students for transitions by stating behavioral expectations and "warnings"	1 2 3 4 5
ENGAGED TIME	
Maintain attention on seatwork to 80% level	1 2 3 4 5
Monitor students' seatwork by scanning	1 2 3 4 5
Circulate among students doing seatwork	1 2 3 4 5
Maintain seatwork accuracy at 90% level	1 2 3 4 5
Communicate importance and reason for seatwork	1 2 3 4 5
Relate seatwork to academic goals	1 2 3 4 5
Set and enforce standards for seatwork	1 2 3 4 5
Use tutoring and other supports to increase active responding during seatwork	1 2 3 4 5
Establish work rules	1 2 3 4 5
Review seatwork	1 2 3 4 5

(continued on next page)

Require that students correct work and make up missed or incomplete work	1 2 3 4 5
Give informative feedback	1 2 3 4 5

(Adapted from Englert, 1984; Shea & Bauer, 1986)

Using Aides and Paraprofessionals

(or I've got this lady in my room, now what do I do with her?)

Another area in which teachers lack training is in the use of paraprofessionals. The amount of aides' training varies from classroom to classroom and district to district. The availability of aides is also inconsistent. Teachers may have no assistance in the classroom, share an aide, or be provided with one or two aides for their own use. A paraprofessional can either halve your load or triple it; using a paraprofessional well is essential. Several suggestions for the use of paraprofessionals follow.

a. At the beginning of the school year, phase the aide into your room to avoid confusing your students.
b. Communicate with your aide. If you don't communicate well, misunderstandings develop with you, the aide, and the students.
c. Have a definite schedule and program for your aide to follow (sample activities are mentioned in Figure 12).
d. Define duties, responsibilities, discipline policy (yours and the school's). (Possible duties are shown in Figure 12.)
e. Make sure the aide understands the content which he or she is supposed to be teaching. (Don't assume he/she knows how to do square roots.)
f. Aides should not be responsible for the initial instruction in content areas. They are not the teacher; you are.
g. Be prepared to support your aide. Though at times this may mean following through on a contingency with which you do not agree, you cannot back down mid-stream (unless the aide is violating one of your or the school's policies). Discuss disagreements out of earshot of the students.
h. Different aides can and should be assigned to different duties. Make sure you know your aide's skills, personality, and coping/tolerance level.
i. Students will model the way in which you treat your aide. Professionalism and respect for each other shows and will be modeled by your students.
j. Make sure aides have adequate information about the students with whom they are dealing. Communicate appropriate information without violating student confidence. Remember, if aides know why you are reacting the way you are, they are more likely to follow through.
k Emphasize that what happens in the room stays in the room; what happens today does not influence reactions to students tomorrow.
l. Make sure aides know the appropriate channel for grievances (to you first, not over you first).
m. Aides are not in the classroom to do those tasks you find unpleasant (dusting, cutting out letters for the bulletin board, changing wet pants). They are in the classroom to contribute to the growth of each child.

Maintaining open channels of communication and a friendly rapport can make both your experiences and those of your students more successful and positive. Aides' pay may be small, but their contribution is as great as you let it be.

FIGURE 12

DUTIES OF ASSISTANTS AND AIDES

Greer (1978) suggested that teacher assistants perform the following duties; (*) asterisks indicate those activities suitable for teacher aides as well.

1. Reinforcing positive behavior*
2. Assisting in instructing large groups
3. Tutoring individual and small groups of children
4. Correcting home and seatwork
5. Checking standardized and informal tests
6. Observing and recording behavior*
7. Collecting materials and preparing displays, teaching centers, and similar instructional activities*
8. Assisting children with make-up work as a result of absence from school or class
9. Assisting students with oral and written communication
10. Participating in reading and story-telling activities
11. Assisting with hands-on activities*
12. Assisting with fine and gross motor activities, physical development, and lifetime physical recreational activities*
13. Providing a model with whom the children can identify*
14. Recording written materials for children who have visual or other learning disabilities*
15. Assisting children with extended-day activities
16. Helping children solve personal conflicts with other children
17. Assisting on instructional field trip activities*
18. Assisting children with self-care activities*
19. Assisting with feeding and toileting*
20. Working with audio-visual equipment*
21. Assisting the teacher with non-instructional tasks*
22. Assisting in classroom organization and management

(Greer, 1978)

GROUPS

Grouping emotionally handicapped students is a difficult process. To be successful in the mainstream of education, a student must be able to function in a group setting. In addition, research indicates that children learn better in groups. Groups range from two students to the complete class. In planning groups, skill levels, subject matter, and purpose must be considered.

The selection of initial activities is instrumental in the successful use of groups. In the beginning, group activities should be highly structured. This structure can be attained through:

a. Assigning students to specific places or seats.
b. Stating clear rules or limits before the group begins.
c. Locating the group in a confined area, thus giving the students boundaries.
d. Keeping everyone in the group as well as the others in the classroom within the teacher's line of vision.
e. Remembering the purpose and goal of your group, be it social, academic, affective, or behavioral. The activity you use will differ by purpose. Identify and concentrate on the goal you wish to attain.
f. Avoiding groups for initial teaching. Emotionally handicapped students usually require more structure and behavioral control than is available in groups.
g. Including stories, films/film strips, and science demonstrations for initial group activities.

In order to use groups well you must know your students. Students differ by learning modes (auditory, visual, kinesthetic), attention span, and ability and maturity level. Some students respond more quietly than others, and are more able to concentrate. Students may be leaders, followers, or observers and may be competitive or cooperative. In grouping, common sense rules:

a. Don't group all the same type of behavior in one group.
b. Make sure everyone feels a part and gets a turn.
c. Use your leaders, but make sure to involve your followers and observers.

Another consideration in grouping is who will conduct the group. All groups need not be lead by the teacher. Parents, students, special teachers, and guests may serve as leaders of groups.

Some additional guidelines which may help you in grouping students are:

a. Groups do not mean a lack of structure. Groups must be run according to basic behavioral rules and limits. All rules should be made before the group activities begin and should be clear and concise. Having students repeat the group rules before beginning the activity may help ensure that they understand the behavioral limits.
b. Groups should only be used when they provide a better learning experience. Some skills can best be taught individually.
c. Don't let students get lost within the group. Everyone participates and is a necessary part of the group.

d. Don't be afraid to break up the group when the activity doesn't seem to be working. Be aware of the time, attention, and effectiveness of the group. Stop while the activity is still fun, rather than continuing to the point of ineffectiveness.

CLIMATE

(We don't mean the temperature outside, but inside)

The teacher determines the climate in the classroom. Your classroom climate affects not only your students, but the acceptance of your students by others in the school. Positive classroom climate enhances positive behaviors through student motivation, self-esteem, and academic success. The climate which you create will be ultimately visible in your students' behaviors.

Teachers must project a positive image to their students. They need to convey their confidence in their students and in themselves through their attitude, facial language, and body language. Using a variety of appropriate coping skills serves as a model for students. Those behaviors which you model are the behaviors which you will observe from your students.

One of the primary means of developing a positive climate is through your expectations. Expectations should motivate your students to continue to develop their appropriate behaviors and social skills. The academic skills of emotionally handicapped students may be underestimated because of their behaviors. Students need to feel that they are able to achieve in your classroom.

Several suggestions concerning structuring your classroom for a positive climate follow.

a. Academic work should be purposeful, have a beginning, and have an end. Today's work does not carry over until tomorrow, and "done is done."
b. Free time should be adequately structured to coincide with the students' coping skills. "Free" time for many students may be highly structured and teacher directed.
c. Any homework assigned should reinforce skills already taught (tasks which the student is able to complete successfully) and be individualized and purposeful.
d. Students should clearly understand any evaluation system used.
e. All consequences should be clear, concise, and fairly applied.
f. Instructions should be positive. For example, saying, "Keep your feet on the floor" rather than "Don't swing your feet".

Besides presenting a positive climate to your students, you need to project a positive climate to the school. Remember, in most situations you are usually the only person trained to deal with emotionally handicapped students. Dispelling misconceptions may be necessary. You have to serve as an advocate for your students, school, and community. The better "public relations specialist" you are, the easier your job will be.

MATERIAL SELECTION AND ADAPTATION

(I'll trade you three tenth grade driver's education manuals
for two second grade basal readers)

Material acquisition and adaptation is a continual problem for special educators. Teachers never seem to have enough, the right kind, or current materials (do we always use leftovers, or what?). Yet material selection is a crucial part of your academic curriculum. Students functioning at different levels or dealing with inappropriate materials can be detrimental to your program. We are providing a model to select materials and adapt them to meet your needs. Again, good, positive public relations skills when seeking materials is an asset. The materials selection model presented is applicable across age groups and settings.

How do I determine what my students need?

Selecting materials begins with reviewing the priorities of your students. The IEP goals and objectives of each student must be considered. In addition, students' age, learning styles, and level of functioning must be taken into account.

Cohen, Alberto, and Troutman (1979) present an inquiry model for the selection of appropriate materials. By asking the four questions of "who," "why," "what," and "how," the selection of materials can be facilitated. These questions are:

a. "Who" will use the materials?
b. "Why" do you need to use a material in this area?
c. "What" are the methods and techniques used in the material?
d. "How" is the material managed? Specifically:
    1. Is the response mode consistent with the needs and abilities of the student?
    2. Are the responses required going to be disturbing to others?
    3. Is a permanent product needed for record keeping?
    4. Is there variety within and between the tasks?
    5. Is an adequate variety of formats and response modes used to facilitate generalization?
    6. Does the material provide for fading to more natural responses?

By using this inquiry model, the special educator is made more aware of the different variables of each material.

The Microcomputer and Other Teaching Machines

(How do I turn this thing off?)

Computers are becoming more common in the classroom. Teachers usually have very little input into the type of hardware with which they are provided. Rather than provide you with a crash course in computers and teaching machines, suggestions for their application follow.

Clements (1985) provided principles for using microcomputers, which also seem to apply to other mechanical teaching aides:

a. Determine the exact goals of the program to be selected.
b. Review journals, catalogs, and magazines to find suitable software.
c. Determine what instructional and technical assistance is made available on the program from the company selling it.
d. Order the program for evaluation; request copies of all available documentation regarding program use and effectiveness.
e. Obtain the program on approval if possible; if the program cannot be obtained on approval, request demonstration disks or tapes. When you have the program, work through the program as a successful student, testing for innovative responses. Also, work through the program as a less cooperative student, making mistakes by typing numbers rather than words, hitting several keys simultaneously, and pressing all the reset, escape, and control keys.
f. Observe students similar to yours using the program.

Adapting Materials

(How can I use this $500.00 kit with my students who can't read?)

Even with the best material selection techniques, many materials will require some adaptation (remember, your students need special help or they wouldn't be in your room). Lambie (1980) makes the following suggestions about adapting materials:

a. Only adapt materials when there is a mismatch between the students' needs and the material.
b. Keep changes simple.
c. Evaluate any changes you make in the material. Are they really necessary?
d. Minimize the time required to change materials; attempt to adapt materials so that they meet the needs of several students.
e. Make sure any supplementary materials are consistent with the original material.
f. Be aware of the strengths and weaknesses of the materials you are using.

Some material adaptations actually require no writing, cutting, or pasting. For example, you can adapt:

a. the amount of material presented,
b. the complexity of the language to explain the material's use,
c. the sequence of skills taught in the material, and
d. the mode of presentation and response.

Mandell and Gold (1984) suggest the following techniques when actual changes in the material are necessary:

a. rewrite the material,
b. prepare study guides,
c. adapt response modes,
d. use old materials to supplement or augment the new materials,
e. modify the presentation mode,
f. tape materials,

g. paraphrase directions, and
h. teach students strategies specific for the effective use of the material.

These eight techniques may be particularly appropriate for use with secondary students.

At times you may find that there are absolutely no materials which meet your students' needs. At those times, you may have to construct your own instructional materials. Kohlfeldt (1976) makes the following suggestions for constructing materials:

a. Materials should be flexible and multifunctional -- you do not have the time to make complex materials which will be used only once or twice by one or two children.
b. The materials you make should be readily adaptable to increase their use.
c. Teacher-made materials should be high interest.
d. Self-correction is a good idea to save teacher time.
e. Low cost is important.
f. Involve students in the production of materials.

Remember to present materials enthusiastically. Your interest will be modeled by your students. In addition, as students move along the continuum of services, materials should approximate those used in regular education. With secondary students, make materials appear secondary. You may assist students in masking (through book covers, for example) to make their materials appear more like their grade peers.

There is no set curriculum for emotionally handicapped students at this time (nor will there probably ever be). For this reason, determining what to teach your students is your responsibility. Rather than telling you what to teach, we hope to provide you with some ideas on how you can determine what to teach in response to your students' needs. These suggestions are applicable across age groups and settings.

Tymitz-Wolf (1982) discusses two problems frequently confronted by special educators. First, the available assessment information may not be complete. Second, the assessment data with which teachers are provided may not be what is needed for instructional purposes. As a result of these problems, you usually must perform your own student assessments. You may use formal instruments (the Peabody Individual Achievement Test, Woodcock Reading Mastery Test, KeyMath, WRAT, etc.), criterion referenced tests (for example, sheets on which all multiplication facts are listed), or your own observations.

Writing Appropriate Goals and Objectives

IEPs are comprised of goals and objectives. Goals are generally written on an annual basis and state what a student is expected to achieve by a particular date. Objectives are short term statements, and contain:

a. the activity in which the student will engage or the observable behavior,

b. the special conditions for the performance of the activity or behavior, and

c. the criteria for successful completion of the objective.

Tymitz-Wolf has designed a checksheet to evaluate the goals and objectives which you write. This checksheet is included in Figure 13.

Sample goal and objectives for an elementary EH student:

GOAL: Joey will demonstrate appropriate adaptive behavior.

OBJECTIVES: Joey will remain in seat for ten minutes for 3 consective days.

Joey will request teacher's assistance by raising his hand.

Joey will keep his hands to himself when moving between activities with no more than 2 infractions a week.

Sample goal and objectives for a secondary EH student:

GOAL: Joe will demonstrate appropriate adaptive behavior.

OBJECTIVES: Joe will comply with adult requests the first time with less than one infraction a day.

Joe will move between classes quickly and without interfering with other student with no more than one infraction a day.

Joe will initiate work in mainstreamed classes with reminders no more than 3 of 5 weekdays.

Joe will be responsible for his own materials in his locker, losing no more than 2 items a term.

One important point to remember is the reason your students are in your room: They have behavior problems. Behavioral and social skills should be a high priority on the IEP. Silverman, Zigmond, and Sansone (1981) have broken behavioral goals for secondary students into three areas. These areas also seem applicable for other age groups. They are:

A. BEHAVIOR CONTROL

Students will be able to:

a. identify the behaviors they exhibit in specific school settings,
b. verbalize the effects of their behaviors on others,
c. recognize that the consequences they experience are the result of their behaviors,
d. identify options to behaviors exhibited in specific school settings which result in negative consequences,
e. identify and substitute an option to behaviors which result in negative consequences,

f. practice substituting more appropriate behavior options, and
g. generalize their awareness and knowledge of the affects of the behavior options to other setting.

B. TEACHER PLEASING BEHAVIORS

Students will be able to:

a. identify overt and covert rules in each classroom,
b. identify the behaviors they demonstrate which meet (or fail to meet) the requirements of each classroom,
c. identify appropriate behaviors in various classrooms,
d. substitute adaptive behaviors in contrived settings,
e. contract to substitute adaptive behavior in the mainstream setting,
f. use teacher-pleasing behaviors in other settings.

C. STUDY SKILLS

Students will be able to:

a. organize assignments for efficient use of study time,
b. follow oral and written directions in the regular classroom,
c. listen to lectures and identify central idea and facts which support them,
d. locate needed information in a text,
e. take organized notes from a text,
f. use lecture and reading notes to study for different types of tests, and
g. apply strategies to take different types of tests.

(Adapted from Silverman, Zigmoid, & Sansone, 1981).

FIGURE 13

CHECKLIST FOR EVALUATION OF GOALS AND OBJECTIVES

1.	Does the goal statement refer to target areas of deficit?	OR	Have I written a goal which is unrelated to remediation needs described in present level of performance and assessment information?
2.	Given the assessment data, is it probable that this goal could be achieved in a year (i.e., annual period for the IEP)?	OR	Is the goal so broad that it may take two or more years to accomplish?
3.	Does the goal contain observable terms with an identified target area for remediation?	OR	Have I used words which fail to accurately describe the problem area or direction I am taking?
4.	Have goals been written for each area of deficit?	OR	Do I have dangling data (data which indicates a need for remediation but has been overlooked).
5.	Is the scope of the objective appropriate?	OR	Have I written any objectives that encompass the entire year, thus making them annual goals?
6.	Do the objectives describe a subskill of the goal?	OR	Have I failed to determined the hierarchy needed to teach the skill? -- Did I simply rephrase the goal statement? -- Did I describe a terminal skill, but only less of it?
7.	Are the objectives presented in a sequential order?	OR	Have I listed the objectives in random order, unrelated to the way the skill would logically be taught?
8.	Do the objectives show a progression through the skill to meet the goal?	OR	Do the objectives emphasize only one phase of a particular skill?
9.	Does the objective contain an appropriately stated condition?	OR	Have I failed to describe the exact circumstances under which the behavior is to occur? -- Have I described irrelevant or extraneous materials? -- Does the condition refer to an isolated classroom activity?
10.	Does the objective contain an appropriately stated performance using observable terms?	OR	Is the mode of performance (e.g., oral) different from the desired goal (e.g., written)?

(continued on next page)

11.	Does the objective contain an appropriately stated standard?	OR	Is the standard unrelated to the assessment information and level of performance? -- Am I using the performance statement as a standard? -- Am I using percentages when the behavior requires alternative ways to measure? -- Have I chosen arbitrary percentages?

(Tymitz-Wolf, 1982)

To give you more options in curriculum selection, the following are provided:

The Functional Curriculum (Guess & Noonan, 1982) and the Curriculum Modification Approach (Edwards, 1980).

The Functional Curriculum is based on functional responses (logical, right?). A functional response is one which:

a. produces an immediate effect for the student,
b. is motivating in itself, and
c. naturally occurs in the environment.

For example, teaching a student to tie shoes is a functional response. It produces an immediate effect (no more tripping over laces), is motivating in iteself (once shoes are tied he/she can go out and play), and occurs naturally in the environment (at least it did before velcro fasteners).

The functional responses each student needs to learn are determined through an environmental assessment. In performing an environmental assessment, follow these steps:

a. select the specific environment, for example, the school;
b. divide the environment into subenvironments, for example, the hall, the lunchroom, and the classroom;
c. describe activities occurring in each subenvironment;
d. specify the skills used in each activity; and
e. use a matrix such as the one which follows to make decisions.

Environment	Subenvironment	Activities	Skills
School	Classroom	"working"	Staying in seat Completing task Following directions Attending to teacher Keeping hands to self
		Language Group	Sharing experiences Taking turns Attending to others
	Lunchroom	Lunch Line	Keeping hands to self Following directions Carrying tray Taking care of own possessions

Brown, Nietupski, and Hamre-Nietupske (1976) indicate that teachers can determine if objectives are appropriate for functional programming through asking the following questions:

a. Why should this skill be taught?
b. Is this skill necessary to prepare the student to function in a less restrictive environment?
c. Could the student function if he or she does not learn this skill?
d. Is there a different skill that will allow students access to less restrictive environments more effectively, efficiently, and quickly?
e. Will the skill reduce or restrict the student's functioning in a less restrictive environment?
f. Are the skill, materials, tasks, and level of competency required similar to those in less restrictive environments?

Functional programming is further discussed in the section on vocational skills.

The Curriculum Modification Approach (Edwards, 1980) is based on the following premises:

a. increasing competence in academic tasks decreases behavior problems, and
b. modifying rather than individualizing curricula is suggested to enable students to proceed through regular education materials and content.

In the curriculum modification approach, objectives for students are formulated through consultation with the regular education teachers of the student's age and class peers. The content is then adapted through seeking other textbooks and materials which approximate the content of the material taught. This method ensures that students are receiving content necessary for less restrictive environments.

Using the IEP

(Do I just keep these papers in my desk?)

Each child's IEP should be the foundation for all his or her programming. IEPs are the basis for scheduling and grouping. The IEP tracking system may keep instruction on target. A sample tracking system is presented in Figure 14.

Objectives may also be tracked in a similar manner. A sample instructional strategy and objective tracking system is presented in Figure 15.

Parent and Student Involvement in IEPs

Parents should be involved in writing and implementing IEPs. Students should also be involved. Students may have insights into their personal behaviors and appropriate goals and objectives.

Inappropriate IEPs

At times, you may receive an inappropriate IEP for an incoming student. You always have the option to rewrite the IEP. Involve both parents and regular educators in the new IEP. Be honest, communicating that goals and objectives do not seem to be appropriate, while maintaining your professionalism. Showing your data and documentation gives credibility to your decision to rewrite the IEP. Presenting positive options and solutions is also helpful. Stress the positive and your desire to respond to the needs of the student.

Generalization of Skills

The ultimate goal for emotionally handicapped students is that they apply newly learned skills outside their classrooms. Stokes and Baer (1978) suggest several techniques for generalization:

a. Train and hope. This is not a very effective technique, but the one usually used. In this method, you simply teach the skill and hope the student can determine when to use it outside the classroom.

b. Train sufficient examples. By giving the student enough practice, hopefully he or she will be able to determine when to use the skill or behavior.

c. Program common stimuli in the technique and training environment as much as possible like those in the environment in which the behavior will occur. For example, if you are trying to get the student ready for fourth grade, use fourth grade materials, and have him follow the rules of the classroom into which he or she will move.

d. Train to generalize. In this method you specifically take the student into the new environment and train generalization of the skill. This technique is particularly useful in the vocational area.

FIGURE 14

IEP TRACKING SHEET

Student: ______________________ Date: ____________

OBJECTIVE *	DATE IMPLEMENTED	DATE COMPLETED	DATA COLLECTION	COMMENTS
Keeps hands to self during morning group--less than 2 aggressions per group period.	9-30-85		Frequency counts taken daily.	
Remains in seat throughout snack time -- leaves seat no more than one time.	10-12-85		Frequency counts taken daily.	
Completes tasks with no more than 2 reminders to "keep working".	10-15-85	10-31-85	Frequency counts taken daily.	Tasks are no more than 5-7 minutes long.
Work consistently on a task for ten minutes with no cues.	11-1-85			

* To be copied from the student's Individualized Educational Plan.

(Shea & Bauer, 1986)

FIGURE 15

INSTRUCTIONAL STRATEGIES SHEET

STUDENT: ______________________________ DATE: __________

GOAL: ______________________________

____

____

INSTRUCTIONAL STRATEGIES: ______________________________

____

____

____

____

____

____

____

CONSEQUENCES:

____

____

____

REINFORCERS:

____

____

____

DATA COLLECTION:

____

____

(Shea & Bauer, 1986)

DOCUMENTING GROWTH

Documenting growth with emotionally handicapped students is difficult. Parents, the regular educators, and the students themselves need to be involved in reviewing their progress.

The usual manner of reporting progress to parents is through the annual IEP review conference. Parent-teacher conferences are not the only means of communicating progress. You may want to consider developing a "report card" appropriate for your room or program. A comment sheet, in addition to regular report card systems, may be necessary. Daily and weekly written feedback or phone calls, checksheets, notebooks, or award systems may be helpful for parents.

The student's regular education teachers should be involved in documenting growth and reporting progress. Positive and open communication is the key in this area. Regular education and special education teachers need to work together to develop the documentation system used. The special educator must make sure that the regular class teacher understands the student's objectives in the regular classroom. Who is going to evaluate the student in what areas must be clearly defined. A mainstreaming checklist may assist daily communication between special and regular educators (see Figure 16).

The student may also be involved in documenting progress. Self-monitoring may assist the student to become more aware of his or her behavior. In developing a self-monitoring system, the following steps may be followed:

a. determine the target behavior,
b. design and copy an appropriate recording sheet,
c. make sheets available to the student,
d. explain to the student how to record the behavior, and
e. provide feedback and reliability checks.

A self-monitoring system is presented in Figure 17.

DATA COLLECTION

(Why should I collect data?)

Data collection is a controversial subject among special educators. Many teachers feel that data collection is a time-consuming process that removes them from the role of teacher and puts them into the role of observer and recorder. However, to be effective, teachers need continued and immediate information on student perofrmance (Fabry & Cone, 1983). Data provides a concrete means of accountability. Data can provide students, teacher, and parents with positive reinforcement about growth (Lund, Schnaps, & Bijou, 1980). Data can be collected on academic as well as behavioral goals. Data collection is to make you a more effective and efficient teacher, not to create more work.

Kerr and Nelson (1983) make several suggestions for data collection systems:

a. use as direct and sensitive a measure as possible,
b. record the behavior where it occurs,

FIGURE 16

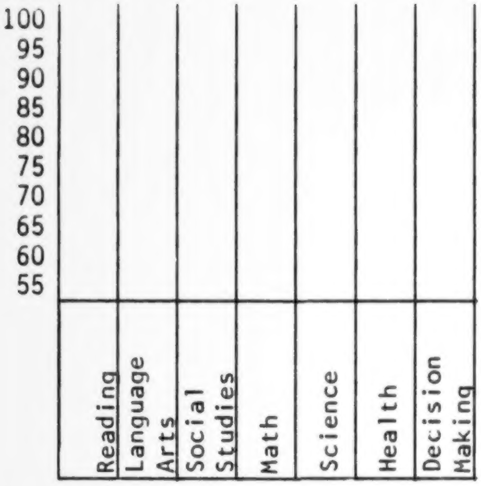
MAINSTREAM CHECKSHEET

	ON TIME	BRINGS MATERIALS	FOLLOWS DIRECTIONS	ASSIGNMENTS ON TIME
CLASS: ____________				
TEACHER: ____________				
CONTACT ME: ____________				
INITIALS: ____________				
CLASS: ____________				
TEACHER: ____________				
CONTACT ME: ____________				
INITIALS: ____________				
CLASS: ____________				
TEACHER: ____________				
CONTACT ME: ____________				
INITIALS: ____________				

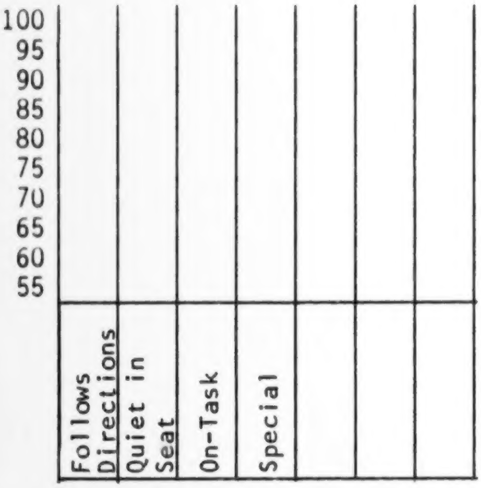
FIGURE 17

WEEKLY LEVEL GRAPH (SELF-RECORDED)

ACADEMICS



BEHAVIORS



c. define the behavior carefully,
d. record behavior as frequently as needed, and
e. only record as many behaviors as can be reasonably managed.

Throughout data collection, avoid value judgments. You must remain objective to have a true picture of the student.

Options for Data Collection

The most frequently used option for data collection is the pretest/posttest method. In this method, behavior rating scales, self-rating scales, sociometric instruments, standardized assessments, and teacher-made academic or behavior checklists are used before instruction (pretest) and then after instruction or following a fixed period of time (posttest). Be careful when administering posttests; after interacting with the student and providing instruction, it is sometimes difficult to remain objective.

More formal and frequent data collection systems may also be used in the classroom for emotionally handicapped students. These options include:

a. event recording, in which the frequency or number of times the behavior or skill occurs is recorded (see Figures 18, 19a, and 19b);
b. duration recording, in which the amount of time during which the behavior or skill occurs is recorded (see Figure 20);
c. level of assistance recording, in which the amount of support the student needs to successfully exhibit the skill is recorded (see Figure 21).

Individual student logs and anecdotal records are also very useful in recording student growth.

So, what do I do with all this data?

When students don't seem to be progressing the way you feel they should, you have several options (Lund, Schnaps, & Bijou, (1983):

a. change to another instructional program,
b. change reinforcers,
c. change materials,
d. change cues and prompts,
e. check for error patterns to see if you can do some specific remediation,
f. determine if the student is ready to learn the skill,
g. return to a previous instructional level or simplify the task, and
h. abandon the program and replace it with one which is more relevant.

GRADES

Grading is a controversial issue in special education. No one seems to have the answers. Grading policies are inconsistent within schools and within systems. There are several options for grading.

a. Follow the traditional system: If a student doesn't pass, he doesn't pass. Count up the percentage points, find the average, and assign a grade per usual.
b. Give two grades: one for effort and one in comparison to grade peers.
c. Design an individual report card or system for each child.
d. Use criterion referenced checksheets.
e. Use the annual evaluation of the IEP as the report card for the student.
f. Contract for grades with the student.

FIGURE 18

FREQUENCY BEHAVIOR CHART

25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
24	24	24	24	24	24	24	24	24	24	24	24	24	24	24
23	23	23	23	23	23	23	23	23	23	23	23	23	23	23
22	22	22	22	22	22	22	22	22	22	22	22	22	22	22
21	21	21	21	21	21	21	21	21	21	21	21	21	21	21
20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Dates>>

Directions:
Indicate behavior counted ______________________________
Enter date or time period ______________________________
Cross out one number each time the behavior occurs on each date

(Shea & Bauer, 1986)

FIGURE 19a

BEHAVIOR CHECKSHEET

LEVELS 1 & 2

STANDARD BEHAVIORS	1st	2nd	3rd	4th	Lunch	5th	6th	7th
Following Directions								
Quiet in Study Area								
On Task								
Specials								
Stamp Sheet 5 (points)				10				25

FIGURE 19b

BEHAVIOR CHECKSHEET

LEVEL 3

CLASSROOM BEHAVIORS:	1st	2nd	3rd	4th	5th	6th	7th
On Time	Y N						
Good Model	Y N						
Speaks Kindly	Y N						
On Task	Y N						
Follows Directions	Y N						
Completes Assignments	Y N						
Ignore Inappropriate Behavior	Y N						
Specials:	Y N						

LUNCHROOM BEHAVIORS		MAINSTREAM BEHAVIORS	
Follows Directions	Y N	On Time	%s
Folows Lunchroom Rules	Y N	Brings Materials:	
Cooperates with others	Y N	Follows Directions:	
On time returning to class	Y N	Assignments on Time:	

FIGURE 20

DURATION BEHAVIOR CHART

NUMBER OF MINUTES

20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Dates >>

Directions:

Indicate behavior counted ______________________________
Enter date or time period ______________________________
Circle the length of time the behavior occurred during that period
Connect circles to form graph

(Shea & Bauer, 1986)

FIGURE 21

LEVEL OF ASSISTANCE RECORDING

Student's Name: ______________________________

School: ______________________________

Special Education Teacher: ______________________________

Regular Classroom Teacher: ______________________________

Dates

Objective	Level of Assistance										
	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A
	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A
	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A
	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A	3 2 1 0 A

Rating Code:

3 - completes the objective independently and successfully
2 - requires one verbal reminder to successfully complete objective
1 - requires direct supervision and handshaping to complete objective successfully
0 - physical assistance required
A - unable to successfully complete objective, i.e., had to be removed, refusal, tantrum, etc.

MANAGING THE PAPERWORK

Algozzine (1983) discusses three problems evident in managing the paperwork associated with documenting progress and IEPs. These problems and some suggestions follow:

- a. Avoid unnecessary neatness.
    1. What is accomplished is more important than how orderly things look.
    2. "Tidy" during a scheduled "tidying up" time.
- b. Avoid clutter.
    1. Handle papers only once and take necessary action immediately.
    2. If you keep material for "just in case," put a time limit on how long you will keep it.
    3. Don't put papers in parking places.
    4. Be a model for your students.
- c. Avoid being the "don't I have it rough" type.
    1. Reinforce others for accomplishments.
    2. Find other things to talk about.
    3. Make priority lists.
    4. Remember, you're not a saint.

Substitute Teachers

(Would you like to be the sub for your room?)

Even teachers of the emotionally handicapped do, at times, become ill. Then comes a dreaded day with a substitute teacher. (What will your room be like when you get back?) You can't expect your aide or other school personnel to inform the substitute how to conduct your program. To help minimize problems for you, your students, and the substitute, a substitute folder is recommended. In this folder, you may want to include:

- a. a copy of the daily schedule and seat assignments;
- b. a map of the building;
- c. whom to call for help and assistance;
- d. lunch money and attendance routines;
- e. what students can be trusted for messages;
- f. how behaviors in the classroom are managed (how to use checksheets, etc.);
- g. emergency plans (fire drills, tornado alerts, etc.);
- h. an encouraging word;
- i. arrival and departure time of students and staff;
- j. extra work, dittos, etc., in case students complete activities and assignments early; and
- k. medical needs of individual students.

MAINSTREAMING AND TRANSITIONS ALONG THE CONTINUUM OF SERVICES

(Ready or not, here they come!)

Placement in a particular special education setting is not a dead-end street for the emotionally handicapped student. As the student's behavior and social skills improve, less restrictive settings are needed.

Before transition into the mainstream of regular education or movement into a less restrictive program begins, the emotionally handicapped student should be able to:

a. respond to the behavioral limits and management methods applied in the new setting (i.e., if the teacher in the new setting puts students names on the board for poor behavior, the student should be able to keep his name from being a permanent fixture);

b. respond to the reinforcement level used in the new setting (you can't put a student who needs M&Ms every five minutes in a setting where only praise is used);

c. make decisions appropriate for the new setting;

d. use the materials and textbooks used in the new setting;

e. participate in group activities and cooperative activities as involved in the new setting; and

f. use coping skills even more efficiently than the other students in the new setting (i.e., be able to ignore others' inappropriate behavior, including teacher's negative attitudes and remarks and inappropriate student behaviors, should they occur in the new setting).

There are no fixed rules to determine students' readiness to move into a less restrictive setting. The climate of schools differ, as do individual students and teachers. The number of people involved may vary.

Special Concerns for Secondary Students and Mainstreaming

(Older does not mean easier)

There are concerns unique to mainstreaming secondary students. Wimmer (1981) maintains that the typical classroom structure in secondary schools in itself creates problems. If students do not have the independent skills necessary for career development, placing them in the regular mainstream may restrict their growth further.

Clark (1975) made several comments about mainstreaming the mentally handicapped which also seem applicable to emotionally handicapped students. As handicapped students get older, the discrepancy increases between them and regular education students. Continued placement in regular education may lower students' self-esteem and self-concept. Adolescents' problems are exacerbated by the secondary school structure itself, i.e., moving from class to class, adjusting behaviors to many teachers, navigating large buildings, etc. (Silverman, Zigmond, & Sansone, 1981). These concerns may make mainstreaming inappropriate for many adolescents.

CONCLUDING STATEMENTS

(Nobody told me it was this much work)

Classroom management skills are developed through doing. As you become experienced in responding to the daily demands of teaching, you will develop a personal repertoire of management skills. Here are some key techniques which we feel contribute to becoming an effective classroom teacher for emotionally handicapped students.

1. Use your voice effectively.

    a. Don't scream. "Usually," the quieter you speak, the more students listen.
    b. Be clear -- make sure you say what you mean.

2. Model appropriate behavior.

    a. Dress appropriately. Be neat and clean.
    b. Practice good work habits.
    c. Be prompt.
    d. Be polite and respectful.
    e. Realize that students are aware of your behavior at all times.

3. Be consistently fair.

    a. Follow through with promises, consequences, and rewards.
    b. Don't make statements lightly -- students remember.

4. Keep your perspective.

    a. Your students are children. Don't confuse "normal development" with problems.
    b. You may like one student better than another, but you cannot communicate that to other students.
    c. Each person has strengths and weaknesses -- student, aide, and yourself.

5. Remember you are a professional.

    a. Keep confidences to yourself.
    b. What occurs in the classroom stays in the classroom.
    c. Your attitudes and behaviors should reflect your position.

6. Retain your sense of humor.

    a. A sense of humor can ease tense situations and help you keep your perspective.
    b. Be able to laugh at yourself.
    c. Make sure your humor is appropriate and not destructive.

7. Be flexible.
    a. Be prepared for all situations.
    b. The best laid plans may not succeed -- always have alternatives.

8. Have accurate expectations.
    a. Expect enough of your students. They rise to your expectations.
    b. Expectations which are too high may increase frustration; expectations which are too low allow for tolerating behaviors which should not occur.
    c. Re-evaluate your expectations often -- your students may surprise you.

9. Maintain structure and organization.
    a. A structured environment is essential. Students like limits and structure.
    b. Be organized. Your organization will be reflected by your students.
    c. Help students develop their own organizational skills.

10. Be an advocate and public relations specialist.
    a. Promote your program and students. The better your public relations skills, the better off your room will be.
    b. Develop strong working relationships throughout the school building.

11. Use problem-solving strategies.
    a. You have to be able to think on your feet. Have alternatives.
    b. Your ability to problem solve will help students develop better problem-solving skills.

12. Develop good personal coping skills.
    a. Demonstrate positive self-esteem and self-confidence.
    b. Know when you need to leave the situation to regroup.
    c. Think before acting -- impulsive behavior begets impulsive behavior.
    d. Know when to ask for help. Be willing to go to peers and administrators when necessary.
    e. Remember the successes, even if they are small.
    f. Tomorrow is another day -- don't carry over feelings.

13. Pick your battles.
    a. Keep your goals in mind and the purpose of your interactions with your students.
    b. Don't get involved in power struggles.
    c. Is the intervention which you are considering worth the time?
    d. Have you considered the consequences?
    e. Who will it help, you or the child?

f. Can your goal be accomplished another way?
g. If it is worth it, then go about it confidently and consistently.

14. Know your content.

   a. Don't try to teach an area with which you are not familiar.
   b. Plan ahead.
   c. Be honest with the children. It's all right not to know everything.
   d. Don't begin any programs or subjects without being familiar with the pros and cons.

Seriously Emotionally Handicapped

CURRICULUM

SUBSECTION B: BEHAVIOR MANAGEMENT

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped

January 1986

BEHAVIOR MANAGEMENT

RATIONALE

Behavior Management is the process of maintaining and developing appropriate student behaviors through a variety of approaches. It is assumed that all approaches will be used fairly and ethically. The teacher must treat students with the same respect he/she demands of them. A teacher's primary responsibility is to provide a structured, organized, positive environment conducive to teaching appropriate behaviors and replacing existing inappropriate ones.

This section assumes that all behavior is learned and is a function of its consequences. Given the appropriate consequences, a student can learn to behave more appropriately. The purpose of this section is to provide teachers with specific examples of behavior problems, interventions and strategies to effectively manage problem behaviors.

GOALS

1. Through Behavior Management, the teacher controls student behavior to provide initial success.
2. Through Behavior Management, the teacher converts external control to internal control and motivation in order for the student to demonstrate appropriate behavior in his/her least restrictive environment.

OBJECTIVES

After completing this section, you will be able to:

1. describe several behaviors which require interventions and are common among emotionally handicapped students,
2. describe a wide variety of interventions appropriate to managing the behaviors of emotionally handicapped students, and
3. be familiar with several examples of behavior management systems.

STRATEGIES, MODELS, AND INTERVENTION

Common Behaviors:

The following behaviors are frequently observed in emotionally handicapped students.

A. NON-COMPLIANCE -- Refusing to:

   1. follow directions
   2. remain in assigned seat
   3. stay on task
   4. accept authority

B. PHYSICAL AGGRESSION

1. kicking
2. hitting
3. biting
4. spitting
5. throwing things
6. destruction of property
7. self-abusive behaviors

C. VERBAL AGGRESSION

1. swearing
2. verbal threats
3. name calling

D. ATTENTION SEEKING BEHAVIORS

1. excessive talking out
2. obscene gestures
3. inappropriate facial expressions
4. unnecessary questions
5. inappropriate noises
6. power struggles (peers/adults)

E. REFUSING TO ACCEPT RESPONSIBILITY

1. lying
2. cheating
3. denial
4. shifting blame

F. INADEQUATE SOCIAL SKILLS

1. stealing
2. inability to cope with conflict
3. manipulation
4. hostility
5. insecure relationship with others

G. POOR SELF-CONCEPT

1. withdrawal
2. depression
3. mood swings
4. poor eye contact
5. overestimation of self-importance

H. POOR DECISION MAKING SKILLS

1. easily led into trouble by others
2. unable to consider or predict options/consequences

STRATEGIES AND INTERVENTIONS USED TO MANAGE BEHAVIOR

Following are descriptions of several effective behavior management techniques. Though great detail has been given to some techniques, others have only been defined. When choosing interventions, the amount of time available for implementation must be considered. Many of these techniques are used continuously throughout the day. Some techniques will be used independently while others will be combined to effectively manage student behavior. The mildest techniques should be incorporated before trying to use more restrictive techniques (time out, physical restraint, etc.).

Activity Time--Out

Removal of a disruptive student from a specified activity for a limited period of time is called a time out (Kelly, et at., 1985).

Example: Activity Time-Out

> During a group activity in P.E., Bob refuses to play by the rules which disrupts the game. Other students cannot perform as a result of Bob's lack of cooperation. After ignoring several teacher cues, Bob is removed from the group. He is still in the same room and can observe the other students' appropriate behavior, but he must sit quietly for a set period of time (2-5 minutes) before he can rejoin the group. Procedures for isolation or time out should have been reviewed with Bob before implementing the procedure to ensure that he knows what is expected of him before he returns to the group.

Students may be placed in activity time-out (isolation -- removal from the activity in progress at the given time) as a result of the following behaviors: refusal to work, vulgar gestures, threats, name calling, profanity, or any other nonphysical activity that disturbs others. The student will be under direct staff supervision at all times during isolation.

Before returning to activity, the student must be able to identify the reason for removal from the activity, identify alternative ways of handling similar situations in the future, and state plans for behavior upon return to the classroom.

Behavior Modification

Behavior modification is a management model employing analysis of variables affecting behavior. Behavior modification must be individualized to meet the needs of students. The basic premise of behavior modification is that the probability of a behavior occurring depends upon the consequences that follow it. Behavior can be strengthened or weakened by consequences. Consequences must be logical and consistent (related to the specific behavior). For consequences to be effective in changing behavior, these steps must be followed:

1. Select an observable, measurable target behavior based on observable and documented data.
2. Find an effective consequence.

3. Plan the contingencies.
4. Review the plan with student.
5. Consistently implement the program.
6. Record all antecedents to behaviors and consequences.
7. Evaluate the effectiveness of program.
8. Fade program.

(Gallagher, 1979)

Behavioral Rehearsal (Role Playing)

Role playing allows students to act out situations in dramatic terms without experiencing real consequences for their expressions or actions. (Kelly, et al., 1985)

Role playing allows students to be exposed to hypothetical situations which may cause anger or anxiety. Once students learn to cope in dramatized situations, they can apply these skills in similar circumstances in real life. Through role playing students learn appropriate social skills by developing models for more acceptable actions, observing the consequences of misbehavior, and discussing alternative behaviors in specific crisis situations.

Role playing can be initiated periodically (e.g., each day, once a week) or whenever an inappropriate incident occurs which warrants its implementation. However, students should set the pace for determining the occurence of role playing. If students are not taking the situation seriously (e.g., acting silly, being unrealistic), implementation should stop, and students should return to the interrupted task (e.g., math, science).

Role playing can be appropriately pursued in small or large group situations, from self-contained to regular classroom contexts. It can be conducted between a teacher and a child or a teacher and a group of students. Discussing situations which trigger temper outbursts, for example, can be used as a preface to role playing, with the teacher acting out typical temper outbursts for subsequent student discussion of the consequences of such actions. The teacher and class can identify other unacceptable behaviors and set up actual role playing exercises, followed by class discussions of the various actions, their consequences, and alternative behavioral strategies.

Students often enjoy acting out problem situations in a group context. Role playing also helps shy students by encouraging their interactions with others in the class without threat of aversive social consequences.

Unless role playing is sufficiently structured, it may not focus upon real problems or yield significant insights on the part of its participants. Care should also be taken to avoid having a group turn role playing into a "bullying session" inflicted upon a vulnerable child. (Kelly, et al., 1985)

Confrontation

Confrontation is direct verbal and/or physical responses to inappropriate behavior. (Kelly, et al., 1985). Confrontation is essential when other, more positive techniques are not applicable or have failed and the student's behavior is "out of control." Through confrontation, students learn that the teacher is able and willing to enforce specific limits to control their misbehavior.

This technique should be used only after the teacher has considered the following questions:

1. Can I handle the student emotionally and/or physically?
2. Can the student understand that a specific misbehavior warrants confrontation as a logical consequence?
3. Have other ways of handling the behavior failed?
4. Do the confrontive strategies appropriately reflect not only the student's current need for discipline, but also the capacity to change?
5. Will other students be adversely affected by this action?

Because confrontations are best managed in relative isolation from other students, they are most feasibly pursued in self-contained or resource rooms which have separate counseling or testing facilities.

In managing confrontive situation, the teacher should first communicate what is expected of the student (i.e., in terms of alternative appropriate behavior) before applying the specific verbal or physical consequence. As the consequence is applied, the student's reaction should be carefully monitored. If the student's reaction of the confrontive situation could pose a danger to self or others, physical restraint procedures should be employed (see section concerning physical restraint).

Confrontations confirm the enforcement of essential behavioral standards in a firm and consistent manner. If adequate communication attends the application of such enforcement, the student is afforded a clear rationale for specific behavioral limits and their consequences. If not used properly, confrontation can lead to even more intense power struggles or vengeful actions. (Kelly, et al., 1985).

Consequences

It has already been said that behavior will be expected or eliminated depending on the consequences that follow. Consequences can be of a positive or negative nature. Positive consequences encourage the student to repeat the specific behavior while negative consequences discourage it. Planned consequences must be logical to be effective for good behavior management in the EH classroom. Although natural consequences have a great impact on some behaviors, they must be carefully monitored by the teacher to ensure the safety of the student.

Logical Consequences

Set up a consequence for a misbehavior which is logically related to what has occurred, e.g., losing freedom of movement in a classroom after one disrupts the work of other students. (Kelly et al., 1985)

Example: Logical Consequence

A student draws pictures on the wall near his desk during his work time. The teacher sees these pictures and says, "I see, Sammy, that you spent some of your working time drawing pictures on the wall. Since you did that, you must take part of your free time to wash the walls."

Natural Consequences

Allow a consequence to occur for a misbehavior which illustrates the harmfulness of such action upon its perpetrator.

Example: Natural Consequence

A student is angry about what is served for lunch and refuses to eat. Teacher tries to encourage Johnny to eat by saying, "Johnny, you'll be very hungry before it's time to go home this afternoon if you don't eat your lunch." Obviously, the teacher cannot make Johnny eat. He doesn't eat and at 1:45 p.m. he tells the teacher he's starving. A natural consequence of Johnny's refusal to eat has occurred.

Contingency Contracting

The teacher and/or student write an agreement which states consequences that will occur given the performance of specified appropriate behaviors. (Kelly et al., 1985)

The key to using reinforcers is to make the reinforcer contingent upon a desired performance. It is important to discuss with the student what behavior is expected and how that behavior will be rewarded. When putting the agreement in written form (contingency contract) it must be written clearly and concisely. The contract should state desired behavior, reinforcer to be earned, and time of reinforcer.

The contract should be discussed between student and teacher and then signed by both parties. Both teacher and student should keep a copy of the contract.

Example:

Date:____________________

For every five (5) minutes that I stay in my seat, I will earn one (1) check mark on my contract card. If I earn ten (10) check marks by 11:30 a.m., I will be given ten (10) minutes of extra free time before lunch.

Signed: Student

I agree with the terms of the contract.

Signed: Teacher

Example: Behavioral Contract

(Johnny) will report to school on time with prompting from teacher (phone call, ride) with 80% accuracy for 3 out of 4 weeks. When this goal is met, (Johnny) will move up to Level 2. Reinforcers will include special free time with staff, tangible reinforcers (school breakfast point), leaving school grounds five minutes early.

(Johnny) will report to school on time with 100% accuracy with one phone call per week from teacher for 3 out of 4 weeks. When the goal is met (Johnny) will move up to Level 3. Reinforcers will include special free time with staff and/or students.

(Johnny) will report to school on time with 100% accuracy for 3 out of 4 weeks. When this goal is met (Johnny) will now earn mainstream class and 1 activity of his choice, outside of school (bowling, movie, lunch) with teacher.

We (student and teacher) have agreed that this goal should be met by (date) or this contract shall be null and void.

(Student Signature)________________________

(Staff Signature)________________________

(Date)________________________

Covert Escape Avoidance

This is a cognitive approach to problem solving which focuses upon the introduction of a variety of acceptable behavioral choices (escapes) different from the child's current inappropriate action. For example, asking a child "What could you do instead of what you just did?" in reaction to unacceptable behavior encourages a child to begin focusing upon acceptable escape alternatives.

Covert escape avoidance is used to explain student actions or feelings from a more mature context, thereby promoting greater insight into the implications of their behavior. This technique helps students better understand why they behave in certain ways and promotes discussion of the implications of one's behavior.

These techniques should only be used when the student possesses the intellectual and communicative skills not only to understand and express the role of intent in human actions, but also to begin to grasp the underlying purposes and motivations of their own behavior.

Covert escape avoidance explores feelings and motives which appear to underly a student's actions. These are reflected in such statements as "You were feeling upset, so you tried to get Carol into trouble" or "Could it be you talked back to me simply to get me angry enough to pay more attention to you?" or "Perhaps you pretend that you can't do your work so others will do it for you." These statements should be followed by discussions of the implications of the student's behavior and the teacher's interpretation of it. This will enable students not only to react to its relative accuracy from their perspective, but also to begin to understand some of the emotions and/or motivations which influence their actions.

Teachers should pursue careful pre-interpretive observation of student actions and their possible motives before this technique is employed. Interpretation should be accompanied by teacher-expressed attitudes of emotional support and acceptance stripped of any negative evaluative suggestions. (Kelly et al., 1985)

Cueing

To teach a student to remember to act appropriately at a specific time, the teacher signals the correct behavior just before the action is expected, rather than waiting until it is performed incorrectly. (Kelly et al., 1985)

The cue may be verbal or physical. It is important for students and teacher to establish and privately discuss cues prior to implementation.

Example:

Physical Cue: (To remind student to maintain eye contact) teacher points to his/her own eyes when he/she notices that student is interacting with someone without using appropriate eye contact.

Verbal Cue: Teacher says, "Joe, remember to look at Bob when he's talking to you to let him know that you're listening."

Initially, cues are frequently given by teacher to eliminate inappropriate behavior. After a student is able to perform desired behaviors with cues, reinforcement should be contingent upon performing desired behaviors without teacher cues.

Extinction

Extinction is removal of all reinforcement for an undesirable behavior to the extent that such behavior is eventually no longer performed. (Kelly et al., 1985)

Example:

Undesirable behavior is used for gaining teacher attention by tapping the teacher's shoulder. In order to eliminate this behavior, the teacher ignores the tapping and reinforces appropriate ways that the student uses to ask for teacher attention.

Fading

Fading is a procedure for gradually reducing the intensity of stimuli eliciting one's performance to other stimuli. In educational terms, this involves changing special classroom conditions for learning to those more characteristic to the regular classroom. (Kelly et al., 1985)

Fading reduces students' dependence on prompting. This process involves withdrawing extra help so that the student will respond independently. Initially, rules and procedures should be listed somewhere in the classroom as a reminder to the students of expected behaviors. Once desired behaviors occur, reinforcement (verbal praise, attention, points) must be administered immediately. As the desired behaviors become established, rules and reminders should be pointed out less frequently. However, reinforcement must still be given to maintain these desired behaviors. By delaying the presentation of prompts and weakening their intensity, fading is accomplished.

The Engineered Classroom

In the mid-sixties Frank Hewett, Director of the Santa Monica Project, designed the "engineered classroom". This model demonstrated Hewett's beliefs in structure (avoiding failure by "engineering" the environment), motivation (using reinforcers), and purpose (setting up specific educational goals) (Hewett, 1974). Structure consisted of activity centers and specific times for specific activities. For motivation, Hewett employed a checkmark system in which the teacher constantly reviewed and reinforced student behavior. Purpose included having students follow a specific hierarchy of educational tasks.

Hewett views the classroom as a learning triangle, with curriculum (tasks), conditions (structure), and consequences (reward) forming the three sides. Students are assigned tasks to complete in a specific time and told designated rewards. Educational goals proceed through a hierarchy including attention, response, order, exploratory, social, and mastery. These six levels are addressed in four activity centers. The Order Center stresses attention, response, and order and keeps distraction to a minimum. The Exploratory Center stresses expression and experimentation. The Communication Center is used by at least two students simultaneously to increase social interaction, and the Mastery Center includes desks, small group instruction areas, and study booths. Students are made aware of the expectations for tasks and behaviors at each center.

Imagery

Imagery is a process in which teacher verbally describes pleasant situations or events to students to help them relax and/or reduce feelings of anxiety or stress. (Kelly et al., 1985)

Imagery can be implemented with other relaxation techniques. Its purpose is to help the student relax by thinking of positive, peaceful, calm situations. Ultimately, the student is able to use this independently when stressed. However, emotionally handicapped students are not disciplined enough to be able to focus on something pleasant when they are anxious or angry about something else. The teacher then can play an important role in helping the students relax by suggesting peaceful "pictures." These "pictures" can be real places or events that the student has experienced in the past or they can be imaginary places. Students who demonstrate difficulty distinguishing fact from fantasy should not be presented with the imagery intervention.

> Example: Paul is crying in the time out room after a fight with another student. He is obviously tense -- anxious about how he will react upon returning to the classroom. The teacher encourages Paul to relax muscles, take deep breaths, and imagine he had been sitting outside on a blanket under a tree. After that time, Paul was relaxed and enjoying the company of the other students. After the teacher has given a descriptive picture of this peaceful setting which is familiar to Paul he will probably be more relaxed and able to discuss the problem at hand.

Instructional Detention

This involves retaining the child after school to perform highly structured activities as a consequence for classroom misbehavior. (Kelly et al., 1985)

When a student refuses to follow classroom rules and procedures (on task, tardy, unexcused absence, etc.), the teacher may decide to retain the student to make up all of the time he/she has missed. This time should be spent completing an assignment, on the student's own time (lunch, before/after school). The students will learn to take more responsibility in class to avoid putting in extra time at school.

Interpretation

Interpretation is reflecting back to students their probable feelings and motives for performing specific undesired behaviors. (Kelly et al., 1985)

Example:

Billy sits in class gazing into space. Teacher approaches Billy stating: "You seem to be unable to concentrate today, I think you look tired and when you're tired it's hard to get your work done. Maybe you should try to get to bed earlier tonight." Billy responds by saying, "Yes, I am tired because my dad came in drunk last night and started fighting with my mom and I couldn't sleep." The teacher's interpretation of the reasons for Billy's problems has provided an opportunity to discuss a problem that might not have been noticed otherwise.

Life Space-Interviews

Life Space Interviewing is a method of talking effectively with students about a conflict situation. Whether it is used for control and disciplinary purposes or for understanding how the pupil is feeling and how he perceives the world around him, the Life Space Interview depends on the adult's defensiveness of the child. (E.H. Pupils, Division of Exceptional Children, North Carolina Department of Public Instruction, 1980)

Every Life Space Interview develops out of a problem incident. An adult might choose to Life Space Interview a pupil for various reasons.

a. The behavior exhibited is directly related to the pupil's individual behavioral goals as specified on his Individual Education Program.

b. The behavior exhibited is quite unusual for that particular child and the child appears to be in a great deal of emotional pain.

c. The behavior exhibited is recognized as ongoing, deviant behavior which the child cannot manage on his own.

Another important consideration in determining whether or not to Life Space Interview a pupil is time. It takes time to hear a pupil sufficiently so that he feels better, has the problem clarified, and has some plan of action. Experience has shown that taking the time to Life Space Interview saves time in the long run. The Life Space Interview can help to strengthen the relationship between an adult and a pupil, and with this additional rapport, future problem behavior can be dealt with more rapidly.

It has been found helpful to divide the Life Space Interview into five operational steps: hear the feelings, define the problem, brainstorm alternatives, contract for change, and follow-through on the contract.

Feelings

The main focus of adult concern at this stage should be in helping the pupil to identify and label his feelings. The adult must keep in mind that the pupil has a right to his feelings. The purpose of the Life Space Interview is to determine a more appropriate way to express these feelings, not to deny the importance of the feelings. Thus, unconditional acceptance of feelings is important. Carl Roger's "Reflective Listening" or Thomas Gordon's "Active Listening" are useful techniques to keep in mind during this step.

Problem

At this stage in the Interview, the adult encourages the pupil, in a nonthreatening and non-judgmental way, to describe the incident as he remembers it. The adult must guard against assuming that the problem the pupil is experiencing is the same as a problem the adult might have experienced. In being as descriptive of the problem as possible, the pupil often experiences renewed feelings. Thus, the adult must allow the feelings and problem steps to flow back and forth.

The interview is ready to progress to the next step when a clear statement of the problem (as experienced by the child) can be agreed upon by both the pupil and the adult.

Alternatives

After the problem has been clearly defined, the next step is to brainstorm alternatives. The adult must be willing to accept all alternatives. At this stage, there should be no attempt to test the reality of any alternative presented by the pupil. The alternatives should fit the problem statement and the purpose of the Life Space Interview (either to help the pupil handle the present situation or to learn something for the future).

Contract

This is the point in the Life Space Interview where the adult can help the pupil look at the reality and consequences of the alternatives. The goal of this step is for the adult and pupil to agree upon one of the alternatives and build a clear, realistic, and honest contract. The contract must require reasonable effort on the part of the pupil, remembering that a definite change in behavior is being called for and change is difficult. As the contract develops, the adult might wish to offer assistance. This assistance can take many forms. Two types of assistance which have been found useful are helping the pupil to "practice" what he is proposing by simulating the situation and offering to give the pupil a "cue" should the adult see the problem behavior starting.

Follow-through

The final step of the Life Space Interview is follow-through on the contract. Again, it is important to remember that change is difficult and the pupil deserves recognition for his efforts. Praise is crucial. Should the contract fail, the adult should think through the following possible causes with the pupil and decide upon a course of action.

a. The pupil might simply have forgotten and a reminder might be enough.

b. The pupil and adult might have chosen the wrong alternative and a reworking of the contract might be called for.

c. The real problem might not have been uncovered and a reworking of the total Life Space Interview might be needed.

d. The pupil might have been "conning" the adult.

The Life Space Interview is a learning process. In working through the steps, the pupil is learning to identify feelings, clarify concerns, and look toward making changes. The pupil is learning to take responsibility for his own behavior by making choices and accepting responsibility for those choices. Throughout the interview, it is important to let the pupil have the responsibility, even if this means settling for an imperfect statement of the problem or accepting an alternative.

Means/Ends, Self-Talk Training

Means/Ends, Self-Talk Training involves teaching children to verbally describe their misbehavior and its consequences. Further, it is a self-exploration of other more appropriate ways of behaving which do not result in destruction consequences. (Kelly et al., 1985)

Once the student is able to select behavioral choices (escapes) and to interpret their results (consequences) with teacher assistance, he/she is now ready for Means/Ends, Self-Talk Training. This approach of selecting escapes and consequences now shifts the responsibility from teacher to student.

An example of means/ends, self-talk is described under procedures for use of time out. The student is asked to name the problem, and explore alternatives (ways he/she could have handled the problem better, how he/she will deal with the same problem in the future). Although all alternatives (positive and negative) suggested by the child are considered and consequences discussed, it is hoped that eventually the student will be able to talk himself through these alternatives before making a choice and eliminate the choices of behaviors that have negative consequences.

Modeling

Modeling is teaching students more positive behaviors by having them observe other individuals (students, the teacher) perform them in structured situations. (Kelly et al., 1985)

Children acquire new behaviors by observing and then modeling others' behaviors. Because students are most likely to imitate the behaviors of people they like or admire, teachers are in a good position to influence the students in their classes. If a teacher expects to teach appropriate behaviors, it is imperative to model those behaviors. An impatient, unkind, selfish teacher cannot influence students to be patient, caring people who are concerned about the needs of others. Students also should be provided with opportunities to model their peers' appropriate behaviors. Teachers can encourage this by praising students who are demonstrating a desired behavior in the presence of those who are not.

Example

Bill demonstrates difficulty in using appropriate language to express anger and frustration. Each time a student appropriately verbalizes anger or frustration, that student should be praised when Bill is observing. The teacher must also express him/herself appropriately when he/she is frustrated or angry.

Physical Restraint

Unfortunately, there are occasional times when all positive forms of behavior management have failed and a student becomes so angry or out of control, that he threatens the safety of self or others. Action must be taken to prepare for the possibility of physical violence. The first step the teacher should take is to mentally respond to a series of questions:

1. Is physical intervention necessary?

2. Will I be able to handle the situation alone or will I need assistance? Communication for the need for assistance must be carried out quickly and calmly.

3. Is there an available exit? Sometimes walking away from a potentially violent student is the best way to handle the situation. It is advisable to avoid turning your back to the student.

4. Are the other students in danger? Do I need to move them to a safer place?

5. Am I dressed in a manner that will not hinder my actions? (EH teachers should consider this question when choosing clothes for work!)

6. What form can I expect this student's aggression to take? Try to calmly remove anything within the student's reach that could be used as a weapon. (Algozzine, 1985)

The use of physical restraint is not condoned by this committee. However, in emergency situations, it may be necessary to hold a student in order to keep that student from hurting self or others. Proper training in the use of physical restrain gives personnel the ability to hold a student in a manner that will prevent damage to the student and/or the adult.

Proximity Control

In proximity control the teacher uses physical distance between self and student to manage behavior.

Being physically close to students, putting an arm around them or patting them on the shoulder can be effective in raising their sense of security and can provide ego support and a protection against anxiety. The proximity reminds students that adults care and will help. It is not to be used with a pupil who gets excessive sensual stimulation from physical contact or when such attention might stir up the jealousy of other students.

Example

Robert is able to recite the answers to multiplication flash cards when he is working with only the teacher or the aide. However, he is extremely distracted by others and has a tendency to watch them rather than look at the flash cards when working within a group. If the teacher places herself directly in front of Robert during group practice, she will be able to control Robert's distractability by her presence.

Redirection

Redirection is guiding a student back to a task through an alternative motivation, as a way of showing the student a more productive response than the present course of action. (Kelly et al., 1985)

Redirection can be used in any individual learning situation.

Example (Physical Redirection)

The teacher guides student actions to better perform the required task. If, for example, during a musical exercise activity, a student is swinging his/her arms rather than joining in rhythemical clapping, the teacher gently takes the hands and starts clapping them in time to the music.

Example (Verbal Redirection)

The teacher verbally changes the focus of the student's actions toward more constructive ends. For example, during free time a young student whose playing antagonizes other students is redirected by having the teacher encourage the student to set up a play situation which does not interfere with that of others.

Reinforcers

Reinforcers follow a stimulus and strengthen or increase the future occurrence of the response. Three groups of reinforcers important to the teachers are social reinforcers, token reinforcers, and activity reinforcers. (Becker, 1975)

Social reinforcers involve the teacher's behavior -- words of praise, attention, smiles, nearness. Next to social reinforcers, reinforcing activities are the most readily available motivation tool the teacher has. Activity reinforcers are activities the student likes to participate in when given a chance. In a token reinforcement system, points or something tangible, such as poker chips, are given as an immediate reinforcer. Later, these are exchanged for reinforcing activities, edibles, or play materials.

LIST OF REINFORCERS

(Becker, et al., 1975)

PRAISING WORDS AND PHRASES

Good.
That's right.
Excellent.
That's clever.
Exactly.
Fine answer.
Good job.
Good thinking.
Thank you.
I'm pleased with that.
Great.

That shows a great deal of work.
You really pay attention.
You should show this to your parents.
I like that.
Show the class your picture.
That's interesting.
See how well Joan is working.
Jimmy got right down to work after recess; he's going to finish on time.
Let's all give John a round of applause.
That was very kind of you.

FACIAL EXPRESSIONS

Smiling
Winking
Nodding

Looking interested
Laughing

NEARNESS

Walking among students
Sitting in their group

Joining the class at recess
Eating with the children

PHYSICAL CONTACT

Touching
Shaking hands
Hugging
Holding on lap

Stroking arm
Patting head, shoulder, or back
Holding hand

ACTIVITY

Running errands
Being excused from a test
Taking care of class pets
Choosing where to sit
Telling a joke to the class
Being in a skit

Supervising a group outside of class
Competing with another class
Having the lesson outdoors
Being called to answer questions
Special holiday events and parties

TOKEN

Monopoly money
Points

Poker chips
Gold stars

The general procedure in using reinforcers is to make the reinforcer contingent on the occurrence of the desired response. If the correct behavior occurs, the reinforcer is given; if the correct behavior does not occur, the reinforcer is not given. (Becker, 1975)

Relationship-Building Programs

Relationship-building programs are structuring positive interpersonal relationships between the child and significant others in his/her environment (peers, siblings, teachers, counselors, etc.).

This process can be incorporated into a daily classroom schedule/routine. Initially, teachers may set aside periods of the day for the sole purpose of group activities: discussion time, role playing, and games. Once group coordination/cooperation is maintained, involvement of significant others may be drawn into this approach. One example is to encourage periodic visits by parents, school personnel, and community service employees.

Example

A new student or a withdrawn child is assigned as "buddy" to a particular child. This "buddy" would be responsible for including the child in group play activities, sitting with him/her at lunch, etc. The teacher should talk with the child designated to be a "buddy" about how a new student feels when he/she doesn't know any classmates, the teacher, or the rules of the school. Although this method is primarily for the benefit of the new student or withdrawn child, it also instills a sense of responsibility and confidence in the child who is acting as the "buddy."

Relaxation

Relaxation is a method used to relax body musculature as a means of reducing stress. (Kelly et al., 1985)

Relaxation techniques will sometimes incorporate the use of imagery which has been previously discussed. In addition to asking the student to imagine peaceful, calm situations, the teacher might make the following suggestions to encourage the student to relax: a) move to quiet location; b) take deep breaths; c) relax muscles; d) listen to soft, soothing music; and, e) close eyes. Teachers are in an excellent position to model relaxation techniques. When you become tense because of a stressful situation, practice any or all of these 5 steps.

Response Cost

The response cost system allows a variety of consequences to be made contingent upon inappropriate or appropriate behaviors. (Kelly et al., 1985)

This punishment technique involves the loss of reinforcer depending upon an undesired behavior. The reinforcer may be an activity, points, tokens, or a portion of free time. It is important to maintain a balance between cost penalties and reinforcers earned so that student doesn't get "in a hole" with no chance of earning any positive reinforcers. Once all opportunity to earn reinforcers has been lost, there is no reason for the student to behave appropriately. (Kerr & Nelson, 1983)

Self-Monitored Program

A self-monitored program is setting up systematic charting and/or reinforcement programs to eliminate undesirable behaviors (or instill positive ones) which are managed and controlled by the student. (Kelly et al., 1985)

A major goal for the emotionally handicapped student is promoting self-control. An effective method for teaching internal control is to allow the student to self-record behavior. This method also encourages responsibility. Following is a set of guidelines for training students to use self-monitoring. (Hint: If you are just beginning a self recorded program, you may want to temporarily use a student-teacher matched evaluation record.)

1. Identify target behaviors. Include behaviors to be increased as well as those to be decreased (e.g., on-task, off-task).

2. Discuss target behaviors with the student. Redefine target behaviors using the student's own words. For example, one teenager defined study behaviors as follows:

   On-task

   a. writing,
   b. reading,
   c. thinking about the content area,
   d. conference with teacher, or other adult, about work,
   e. charting data.

   Off-task

   a. anything else!

3. Select a practical way to measure the target behaviors.

4. Train the student to use the measurement system (e.g., to mark a 3 x 5 card with slash marks for off-task behaviors) in the classroom. You may find it helpful to provide external monitoring (the teacher scores the student's performance and provides feedback) prior to moving to self-monitoring.

5. Once the student is self-recording behaviors, conduct an occasional reliability check to ensure that the evaluation was done accurately.

6. Provide reinforcement to students who reduce their disruptive behaviors. Consider using a response cost system if disruptive behaviors continue above a designated level.

Systematic Desensitization

Systematic desensitization is gradual exposure of the student to a specific feared situation or object under conditions of relaxation and positive reinforcement.

Desensitization is the process of systematically decreasing a specific learned fear. The desensitization process is time consuming, and the teacher must be consistent and patient in the application of this intervention. If desensitization is to be applied in the classroom, the following conditions must exist.

a. The teacher must have a positive interpersonal relationship with the student. The phobic child must trust the teacher and be free to express his fears in the teacher's presence.

b. The teacher must construct an anxiety - evoking stimulus hierarchy.

c. The teacher must be willing (and have adequate time) to accompany the student as he progresses from the least to the most anxiety-evoking stimulus in the hierarchy. (Walker & Shea, cited by Wheatley, 1981)

Example

A female member of the class is very withdrawn with the boys and male aide due to previous sexual abuse. The anxiety-evoking stimulus hierarchy used could be as follows:

a. The female teacher answers all questions and gives instructions to the girl.

b. Teacher gradually shifts the responsibilities to the male aide.

c. The girl is included in groups taught by male aide to other girls in the class.

d. The girl is included in groups taught by teacher to small number of boys in the class.

e. The girl is included in groups taught by male aide with boys in the class.

Time-Out

Time-out is when the student is temporarily removed from a reinforcing situation immediately following the occurrence of an inappropriate behavior.

Although time-out is an effective technique for controlling extremely inappropriate behavior, it is one that can be easily abused if it is not applied correctly. For this reason, it is important to establish guidelines for the use of time-out.

1. Teacher should be able to identify the reinforers that encourage the child's continued inappropriate behavior before removing to time-out.

2. All behaviors that will result in time-out should be identified before time-out is implemented (see example).

3. Milder forms of time-out (activity time-out, isolation within classroom, etc.) should be attempted before using seclusion time-out.

4. A concise statement concerning procedures to be followed where a student is placed in time-out should be formulated (see example).

5. Time-out room should meet standards for state guidelines (size, ventilation, lighting).

6. Student should be continuously monitored for duration of time-out.

7. Written records should be kept with the following information:

   a. Student's name
   b. Behavior that resulted in time-out
   c. Amount of time
   d. Student's behavior

   It is recommended that both parent and principal be notified of student's placement in time-out.

8. If time-out is in excess of 4-5 minutes, evaluation should be made to consider effectiveness.

Example

A student is asked to go to the time-out room as a result of the following behaviors: hitting, kicking, throwing object, pushing, biting, destroying property, trying to run away, or any physically threatening behavior. If the student accepts time-out and goes to the room independently (without any form of restraint), he/she will be seated on a chair. He/she will be given the opportunity to come out after 3 minutes. If a student does not comply with the request of time-out and has to be taken to the room with the assistance of adults, he/she will be physically restrained on the floor until his/her behavior is under control. After 5 minutes, he/she will be asked to talk about the incident and then return to the room. At no time during a student's stay in time-out will he/she be left unattended.

Talk-Down Procedures

In order for the student to return to the classroom after time-out, he/she must be able to identify the reason for his/her removal from the class, identify alternative ways of handling similar situations in the future, and state plans for what he/she will do upon return to the classroom.

Any destruction that occurs resulting in time-out will be repaired or picked up by the student when he/she returns to the classroom.

When a student is being taken into time-out, it is extremely important to avoid any lengthy discussion about his/her behavior that led to time-out placement. He/she should be told why he has been asked to go to time-out in a very concise manner (Example: "You will take _____ minutes in the time-out room because __________________________. After you are sitting quietly for _____ minutes, we'll talk about what happened.") Once the student has been given these directions, all other interaction should be avoided until his/her time is up and it is possible to discuss the behavior that resulted in time-out.

If a student is able to calmly participate in the talk-down, he or she is probably ready to re-enter the classroom. It is helpful to request a small favor of him/her before entering classroom ("Joe, will you please carry the timer for me?"). If he complies with this type of request, the teacher can be confident of his ability to cooperate when he returns to the group. However, if the student is unable to cooperate, he should be returned to time-out where procedures start over. Time-out procedures do not end when a student returns to the classroom. It is EXTREMELY important to praise the student for any appropriate behaviors that follow time-out placements.

Students should be encouraged to take themselves into time-out when they feel themselves getting angry or about to lose control. After they ask permission to go to time-out (permission should be requested to eliminate the possiblity of students using time-out to avoid activities in which they don't want to participate), students should be given verbal praise from the teacher for trying to express their anger and frustration appropriately.

EXAMPLE OF TIME-OUT MONITORING SHEET

NAME ______________________________

DATE: ______________________________

TIME ENTERED: ______________________________

TIME EXITED: ______________________________

DESCRIPTION OF BEHAVIORS LEADING TO TIME-OUT: ______________________________

____

____

____

OBSERVABLE BEHAVIORS DURING TIME-OUT PLACEMENT: ______________________________

____

____

Token Economy

Token economy involves using tokens, chips, monopoly money, or assigned points that can be "cashed in" for some enjoyable activity or object. They reinforce in a manner analogous to the payment of money. These tokens are earned as a result of selected appropriate behaviors. (Kelly et al., 1985)

The ingredients of a token economy include tokens, activities or tangibles for which tokens may be exchanged, contingencies under which tokens may be obtained or lost, and the exchange note. The value of each token administered should be associated with previously established consequences with each reward immediately following desired behavior. Over a period of time, reinforcers should be delayed, decreasing the need for immediate gratification.

Due to the variety of reinforcers available, loss of reinforcement is not a likely problem. By simply announcing that a student has earned a point, verbal praise and encouragement soon become a conditioned reinforcer. With an effective token economy, little instruction time is lost, at the same time allowing for positive teacher-student interaction. (Kerr & Nelson, 1983)

Prior to administering tokens, it should be established between student and teacher, that tokens may be exchanged for tangible rewards (snacks, paper, pens, folders).

Tracking

Tracking is a confrontive technique whereby teachers establish and maintain a close distance between themselves and the student to prevent physical or psychological escape. (Kelly et al., 1985)

Tracking can be used when testing a student's dependability. This method can be implemented unknown to the student, unless failure is the end result. If the student fails, the teacher must intervene by confronting and redirecting.

Example

John, a known smoker, has recently earned the privilege of unmonitored bathroom breaks. He asks to use the restroom. Once permission is granted, the teacher runs an errand to the office passing by the restroom. Smoke is pouring out the vent in the door. John is caught with a cigarette in his hand and escorted back to class.

Selecting Interventions

(So many behaviors, so many ways to stop them!)

The following chart includes the behaviors frequently exhibited by emotionally handicapped students and the interventions that have been discussed previously. Although some interventions could be used for all behaviors, this chart was designed to serve as a guideline for determining the initial intervention suggested.

FIGURE 1

	Activity Time-Out	Behavioral Rehearsal (Role Playing)	Confrontation	Contingency Contracting	Covert Escape Avoidance	Cueing	Extinction	Fading	Imagery	Instructional Detention	Interpretation
1) GENERAL NON-COMPLIANCE											
Refusing to:											
a) follow directions	*		*	*	*			*		*	
b) remain is assigned area	*		*	*	*	*		*			
c) stay on task	*		*	*	*	*	*	*		*	
d) accept authority	*	*				*		*			
2) PHYSICAL AGRESSION											
a) kicking	*		*	*	*						
b) hitting	*		*	*	*						
c) biting	*		*	*	*						
d) spitting	*		*	*	*						
e) throwing objects	*		*	*	*						
f) destruction of property	*		*	*	*						
g) self-abusive behavior				*			*				
3) VERBAL AGRRESSION											
a) swearing	*		*	*							
b) verbal threats	*		*	*							
c) name calling			*	*			*				
4) ATTENTION SEEKING BEHAVIOR											
a) excessive talking				*		*	*	*			
b) obscene gestures				*		*	*	*			
c) making faces				*		*	*	*			
d) unnecessary questions				*		*	*	*		*	
e) annoying noises				*		*	*	*			
f) power struggles	*			*		*			*		
5) REFUSING TO ACCEPT RESPONSIBILITY											
a) lying			*		*			*			*
b) cheating			*	*	*						*
c) denial					*					*	*
d) shifting blame			*		*						*
6) INADEQUATE SOCIAL SKILLS											
a) stealing			*	*	*						*
b) inability to cope with conflict		*	*		*	*					*
c) manipulation		*				*				*	*
d) hostility	*		*		*	*			*		*
e) insecure relationships with others		*									*
7) POOR SELF-CONCEPT											
a) withdrawal		*									*
b) depression		*									*
c) mood swings		*									*
d) poor eye contact		*				*					*
e) overestimation of self-importance		*				*	*		*		*
8) POOR DECISION MAKING SKILLS											
a) easily misled by others		*									*
b) unable to consider options and consequences		*				*					*

Life Space Intervention	Logical Consequences	Means/Ends Self-Talk	Modeling	Natural Consequences	Physical Restraint	Proximity Control	Redirection	Reinforcement	Relationship Building Programs	Relaxation	Response Cost	Self-Monitoring Program	Systematic Desensitization	Time-Out	Token Economy	Tracking
	*		*	*		*	*				*				*	*
	*				*	*					*	*			**	*
	*			*		*	*				*	*			*	*
	*		*	*		*	*	*							*	
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*	*					*	*	*	*						*	*
*	*					*	*	*							*	*

EXAMPLES OF BEHAVIOR MANAGEMENT SYSTEMS AND CHARTS TO MONITOR BEHAVIOR

(How do I put it all together to spell "classroom"?)

BEHAVIOR CHECKLIST

Each student has a daily behavior checklist (kept with teacher throughout the day but available for students to see at any free time during the day). This list (see Figure 2) states the class rules that all students are expected to follow (1-5). Rules 6-10 are individual goals taken from the student's Individual Educational Plan. Upon entering the program, the student works on just the class rules for the first week to become familiar with them. During week 2, Goal 6 is added and then one goal per week until all ten goals are listed. This allows the student to be gradually exposed to his/her individual behavioral expectations. Every 45 minutes the student is given a check mark for each goal that has been mastered during that time period (30 minutes work/15 minutes free time if work was completed). If he/she does not do what is expected of him/her, he/she does not earn the point for that goal. Points are totaled into a percentage at the end of the day. Notes are written home daily to inform parents of student's performance on these behavior goals. Points are saved each day until the end of the week when points can be exchanged for tangible rewards or activity reinforcers.

This checklist in itself is used frequently enough to encourage students to change behavior. If points are awarded consistently and the tangible rewards that points can be traded for are valuable to the students, they quickly learn to be concerned about how many points they've earned. If enough points aren't earned, the student is not allowed predetermined privileges. However, when very serious offenses occur (physical abuse, destruction of property, possession of drugs or weapons, running away, excessive swearing), it might be necessary to place a student on Ground Level for a certain period of time (depending on the offense). When placed on Ground Level, a student loses all privileges. He/she is supervised at all times. Points earned are used for working his/her way off Ground Level rather than for specific privileges.

Figure 2

BEHAVIOR CHECKLIST

NAME: ______________________________ DATE: ______________

		8:30- 9:15	9:15-10:00	10:00-10:45	10:45-11:30	11:30-12:15	12:15- 1:00	1:00- 1:45	1:45- 2:30	2:30- 3:15	TOTAL	
CLASS RULES	1. Do your work.											
	2. Keep hands, feet, and objects to yourself.											
	3. Stay in assigned area.											
	4. Speak appropriately with permission.											
	5. Take care of equipment.											
INDIVIDUAL GOALS	6. _____ will comply with adult requests the first time.											
	7. _____ will make positive statements about others.											
	8. _____ will maintain eye contact when speaking or being spoken to.											
	9. _____ will use appropriate language to express anger or frustration.											
	10. _____ will respond to teasing or name calling by ignoring, changing the subject, or some other constructive means.											
	TOTAL											+ Bus Points

TOTAL

A long list of rules can be overwhelming to emotionally handicapped students. The class rules listed above are concise but cover just about any possible type of behavior.

1. Do your work.

   Any task can be defined as "work." Students are working at individual ability levels and consequently are expected to work for different periods of time. One student might earn a point for this rule for staying on task for 5 minutes, while another student is required to work for a 20 minute period. Other definitions for work include eating lunch, using free time constructively, or playing a game with other students. In general, "work" is defined as whatever task the child has been given.

2. Keep hands, feet, and objects to self.

   This rule is self-explanatory. Students are expected to refrain from hitting, kicking, or throwing objects at other students.

3. Stay in assigned area.

   If a student is working independently on an assignment, the assigned area is his/her desk. When walking outside with the class, the assigned area is to stay with the group (avoid wandering off alone), while walking from one class to another. His assigned area would be the shortest route between the two rooms.

4. Speak appropriately with permission.

   This rule is to eliminate any negative comments, swearing, name-calling, yelling, etc. A student earns his point not only by refraining from inappropriate comments, but also by gaining teacher permission to talk. Although a student might make a positive comment, if it is said at the wrong time, it may disrupt what others are doing. If it is disruptive, he/she would not earn a point for this rule.

5. Take care of Equipment.

   This rule is also self-explanatory. Equipment can be defined as any materials (school's or student's property) used during the school day.

BEHAVIORAL LOGS (Keeping Track)

In order to measure progress, it is important to have anecdotal records of students' behavior. Checklists can provide partial information (time students didn't earn points), but they do not allow for detailed accounts of either positive or negative behaviors. Classroom environments should be recorded along with the specific behavior and the consequences that follow that behavior. This information can be used to avoid problems in the future. Behavior logs are also beneficial for writing progress reports, for providing information at parent conferences, and for reviewing the child's behaviors with him/her at the end of the day.

Figure 3

BEHAVIOR LOG

Date/Time	ANTECEDENT	BEHAVIOR	CONSEQUENCE

SCHEDULES

Scheduling is a crucial part of a structured behavior management system. Students need systematic planning to accomplish their goals. Each student is given an individual daily schedule. The schedule is posted near the students to encourage independence. Students know the activities for the entire day, eliminating any "surprises." Each day begins with a class meeting involving all members of the class, teacher, and aide. During this class meeting, class rules are reviewed, individual goals are recited, and all students have an opportunity to discuss any problems they are experiencing or talk about generally anything that is of interest. This is not a period of idle conversation but an exchange of information which enhances social skills. All students are expected to follow group rules. The culminating activity for the day is the afternoon class meeting. At this time, a student's behavior checklist is reviewed to compute the points he/she earned into percentages. The percentages are sent home with students to inform parents of their child's performance for the day. Before leaving the class meeting, each child is required to compliment him/herself on something he/she did well during the day. After complimenting him/herself, he/she praises each of his/her peers for exhibiting a specific appropriate behavior.

Figure 4

STUDENT SCHEDULE

NAME: ______________________ DATE: ______________

TIME	
9:00-9:30	CLASS MEETING
9:30-10:15	READING COMPREHENSION #11
10:15-11:00	READING COMPREHENSION WORKSHEET #11
11:00-12:00	COUNSELING
12:00-12:30	LUNCH
12:30- 1:00	MATH - P. 108-110
1:00- 2:00	SPELLING - UNIT 16 TEST & P. 89
2:00- 2:45	LANGUAGE - Brown Card 8 #2, 3 & 4
2:45- 3:15	CLASS MEETING

BUS REPORT

Because emotionally handicapped students frequently exhibit behavior problems while on the bus, it is necessary to monitor their behavior coming to school and going home each day. The bus drivers are responsible for filling out the daily bus reports informing the teacher of appropriate and inappropriate behaviors. The points earned each day on the bus are added to points earned in classroom to determine the daily percentage. To encourage greater independence in older, more responsible students, the teacher should allow him/her to bring the report in from the bus driver each day. If he/she fails to get it to the teacher, the bus points earned for that day do not count.

Figure 5

BUS REPORT

NAME: ______________________________ DATE: ______________

RULES	MON.-A.M.	TUES.-A.M.	WED.-A.M.	THURS.-A.M.	FRI.-A.M.
1. Stay in seat at all times.					
2. Speak quietly.					
3. Keep hands, feet, objects to yourself.					
4. Use appropriate language.					
5. Follow directions given by bus driver.					
TOTAL:					
	MON.-P.M.	TUES.-P.M.	WED.-P.M.	THURS.-P.M.	FRI.-P.M.
1. Stay in seat at all times.					
2. Speak quietly.					
3. Keep hands, feet, objects to yourself.					
4. Use appropriate language.					
5. Follow directions given by bus driver.					
TOTAL:					
DAY'S TOTAL:					

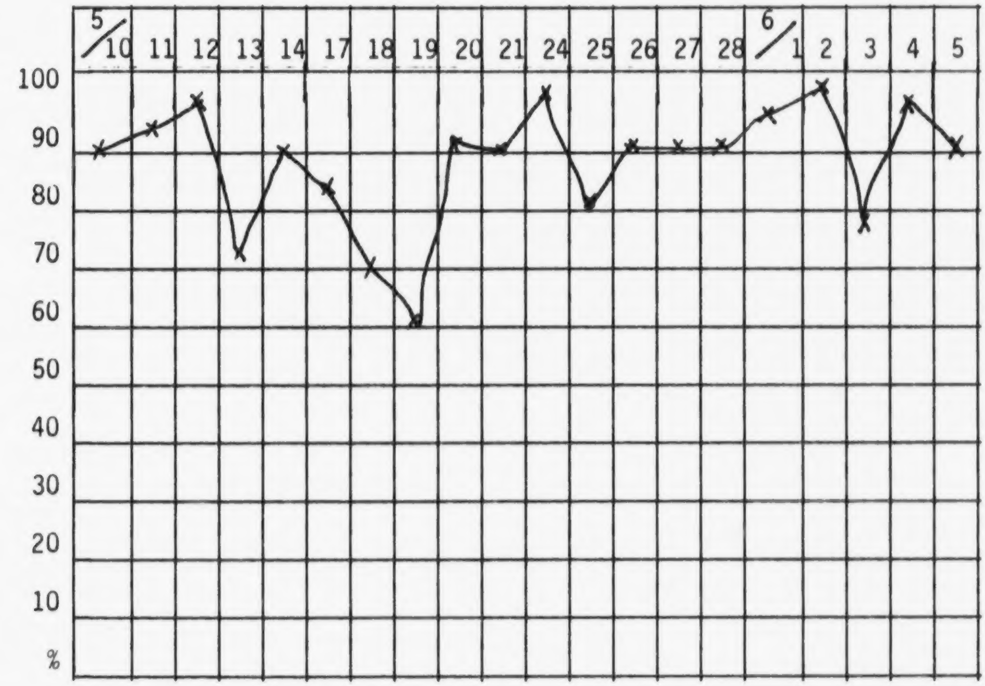
WEEK'S TOTAL ______

WALL CHART

This chart serves as a record of students' daily percentages based on their individual behavioral goals. It is posted on the wall next to each student's desk. A percentage above 90% is considered successful. Time-out placements are recorded on this sheet. Ground level placement (as a result of serious misconduct: physical abuse, running away, use of weapons, use of drugs, excessive swearing, destruction of property, etc.) is also recorded. Students can independently monitor their progress by viewing this chart. The teacher must allow sufficient time at the end of each day to chart student percentages.

Figure 6

NAME ______________________________ DATE: ________________



* Success Day GL - Ground Level 0 - Time-Out

*	*	*		*				*	*	*		*	*	*	*	*		*	*
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EXAMPLE OF CLASS LEVELS SYSTEM

LEVEL ONE

All students entering the program begin on Level One. Each student will:

1. Raise hand to ask questions, leave seat, sharpen pencils, turn in assignments.
2. Have staff monitored restroom and drink breaks.
3. Cash in points for store items 3 times per week (Monday, Wednesday and Friday).

Criteria for advancing to Level Two include: academics must average 75% accuracy and behaviors must average 80% accuracy for 3 out of 4 weeks.

LEVEL TWO

Each student on Level Two:

1. May leave seat to sharpen pencil, turn in assignments, etc. without raising hand.
2. Has earned paid (points) unmonitored restroom and drink breaks.
3. Cash in points for store items twice a week (Monday and Friday).

Criteria for advancing to Level Three include: academics and behaviors must average 80% accuracy for 3 out of 4 weeks.

LEVEL THREE

Student is now eligible for one mainstream class of his/her choice, with teacher consent. In addition, student has now earned:

1. The privilege of freedom of movement through the classroom.
2. Free unmonitored restroom and drink breaks.
3. Cashing in points for store items (Friday) and spending point periodically throughout the week for the following privileges:
    a. passing in the hallways between classes (5 minutes)
    b. soft drink from lounge
    c. helping teacher correct assignments
    d. library time
    e. skipping an academic (1 per week) with teacher consent.

Criteria for Level Three maintenance include: Behaviors in both Emotionally Handicapped and mainstream classroom must average 80% accuracy (academics negotiable). Additional mainstream classes may be earned upon achieving 3 out of 4 success weeks.

NOTE: This process can also work in reverse. If student does not maintain 3 out of 4 success weeks, according to criteria, student will move down one level.

Figure 7

PRIVILEGE ACCOUNT SHEET

DATE	NAME	ACCUMULATED TOTAL POINTS	POINTS EARNED	PRIVILEGE PURCHASED	COST OF PRIVILEGE	COMMENTS

TIPS FOR TEACHERS OF THE EMOTIONALLY HANDICAPPED

1. Maintain a sense of humor. Sometimes smiling or laughing with (not at) students can diffuse a potentially explosive situation.
2. Be consistent. This eliminates the possibility of students "begging" for special favors.
3. Never "back a child into a corner" -- always give him/her choices and a way out of a power struggle.
4. Maintain daily contact with parents via brief notes home to ensure more reliable communication between home and school. Inform parents ahead of time to expect a daily note.
5. Don't take negative comments personally.
6. Maintain contact with faculty and administrators who have both direct (mainstream classes and supervised free time) and indirect (passing periods and general observations) contact with EH students.
7. ACT instead of REACT to an inappropriate situation.
8. Avoid power struggles by negotiating so both teacher and student get what they want.
9. Know your support systems in emergency situations -- police liason, principal, paraprofessional, and behavioral consultant.
10. Be patient. Allow students time to adjust to a new behavioral management system before dropping the plan.
11. Don't hold a grudge. Remember the reason they are in your program -- they ARE emotionally handicapped.
12. Don't criticize or embarass students in front of others.
13. Know when to ask for help if interventions tried have not been effective.
14. Find a way to reward yourself at the end of every day. RELAX!!

In conclusion, the strategies and interventions described here are a guide for developing an effective behavior management system. They are by no means the only methods. Different techniques work for different people; approaches selected must be in agreement with one's individual teaching style, philosophy, and personality.

If a program is organized, well planned, and carried out with a sense of sincere concern for the chldren, it will be effective.

Seriously Emotionally Handicapped

CURRICULUM

SUBSECTION C: AFFECTIVE EDUCATION

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped

January 1986

AFFECTIVE EDUCATION

RATIONALE

Affective education is "systematic instruction to help students acquire information, attitudes, and skills which will encourage appropriate behavior and mental health" (Colorado Department of Education, 1980). Affective education is based on three assumptions: (1) EH students need instruction in the affective, as well as cognitive and psychomotor domains; (2) because of their handicaps, EH students either don't acquire or don't use information about appropriate ways of behaving; and (3) most studentsare able to utilize information and skill instruction when provided the opportunity.

GOAL

The goal of affective education is to provide instruction in specific skills, attitudes, and techniques to meet the social/emotional instructional needs of the emotionally handicapped student.

OBJECTIVES

After reviewing this information, you will be able to:

a. describe the affective education needs of emotionally handicapped students,
b. instruct students in cognitive behavioral intervention techniques,
c. recognize several social skill training curriculum options, and
d. describe counseling techniques appropriately used by the teachers of emotionally handicapped students.

STRATEGIES, MODELS, AND INTERVENTIONS

Affective education can provide emotionally handicapped students with greater self-understanding, clearer values, and enhanced self-esteem. Teachers can provide affective education both formally and informally. To be most effective, affective education should be:

a. specific to students' needs,
b. planned, and
c. used concurrently with behavioral management techniques, classroom management techniques, and academic instruction.

THE AFFECTIVE EDUCATION NEEDS OF EMOTIONALLY HANDICAPPED STUDENTS

(I know they have problems or they wouldn't be here.)

Your class list is comprised of individuals with unique needs. However, your students probably share some needs which can be addressed through affective education. Taken as a group, your emotionally handicapped students need to develop:

a. self awareness (recognizing personal strengths and weaknesses),
b. self-esteem and self-duration,
c. decision-making strategies,
d. problem-solving skills,
e. self-control (recognizing behavioral limits),
f. interpersonal conflict resolution techniques (assertiveness and negotiation skills),
g. communication skills,
h. acceptance of support and positive contact (to smile while getting a pat on the back), and
i. recognition of the consequences of their behavior (e.g., eliminating "he made me" from their vocabularies).

Interventions which address these needs include cognitive behavioral interventions, social skill training, and counseling.

I. COGNITIVE - BEHAVIORAL INTERVENTION TRAINING

(I think therefore I act?)

An approach that has been successful in helping children increase self-control is the cognitive behavioral approach which combines a concern for behaviors along with the thought processes which influence behaviors. This position assumes that cognitions and behavior are compatible and that cognitive activities (such as expectations, self-statements, and attributions) are important in affective behavior. So, if the thinking process is changed or enhanced, the behavior is likely to be different.

The main strategies for the cognitive-behavioral self-control approach include:

a. self instructional training,
b. Verbal mediation,
c. behavioral self-control, and
d. problem solving.

Cognitive behavioral strategies have been effective in alleviating fears, decreasing hyperactive and disruptive behavior, decreasing impulsivity, and increasing attention. These strategies are appropriate for all age levels, although materials obviously have to be adapted to the age and developmental level of the student. Training is time consuming, and if teachers choose to use the techniques, they should be committed to spending adequate time for ensuring mastery of individual steps and skills.

Since cognitive behavior modification is an approach to teach lifelong problem-solving skills, the skills should be reinforced informally throughout the day. Students should be cued to use them in natural settings. This requires fading cues as students learn skills. For instance, they may initially have cards on their desks which explicitly state the steps of the procedure. These may later be replaced by cards with one letter symbols of the steps and finally be removed altogether. The removal of cues allows for the development of images and verbalizations which are the basis of behavior change and regulation.

A. Self-Instructional Procedures

This approach has been applied effectively with a broad range of childhood disorders and with children of varied behavioral skills. These techniques are designed to help students identify problems and options and take action. Self-instructional techniques are primarily used to guide students from covertly describing behavior to internalizing control over their behavior.

1. Self-statements

   Teach students simply to say a particular statement to themselves at a given time. For example, a child who is fearful of the dark may be taught to say to himself when he's in the dark, "I am a brave boy (girl). I can take care of myself in the dark."

2. Modeling and self-statements

   a. Select target behavior and determine baseline (e.g., responding to taunts aggressively).
   b. Play a game in which maladaptive behavior may be elicited (ask children to play game where they will be verbally taunted).
   c. Show a film modeling desired behavior, thoughts, and actions of model. Discuss coping statements. (Model remains calm and makes coping self-statements [e.g., "I'm not going to let them bug me"].)
   d. Play game again, instructing students to practice coping self-statements.
   e. In real-life situations, cue students to use self-statements.

3. Think aloud program

   The Camp and Bash Think Aloud Program (Camp & Bash, 1978) also uses cognitive modeling. They suggest the following steps:

   a. Cue the child into attending to both verbal and physical behavior of the model, e.g., "We're going to play copycat."
   b. Have the model use the verbal mediation approach:
      - What does the teacher want me to do? (Oh, she wants me to finish my work.)
      - List possible ways (I should sit down and get started). Select one (Yes, I'd better sit down now).
      - Evaluate (Did I follow my plan? Is it safe? How do I feel? I sat down and got started. I feel good about that).
      - Reinforce self (That was good. I'm doing a good job now).
   c. Have students copy model's statement aloud as they complete task with the model.
   d. Have students rehearse model's verbalization while thinking aloud (no teacher help).
   e. Have students whisper self-verbalizations as they complete the task.
   f. Have students use private speech while completing task.
   g. Evaluate performance.
   h. Reinforce students.

4. Self-directed verbal commands

Teach students to use self-directed verbal commands, such as "stop, look, and think" before responding. Visual reminder cards with these words printed on them can be used as cues.

5. Kendall's approach

Kendall & Braswell (1985) describes a 12-session format for self-instructional training which is sequenced from initially exposing the child to self-instructions and the reinforcement contingencies, having each session built upon the others, and ending with role-playing of real-life situations. Students complete activities on self-instruction for following directions, applying the techniques to skill acquisition in academic areas, applying techniques in games, identifying emotions, generating alternative ways of handling hypothetical situations, role-playing hypothetical situations, and finally role-playing real-life situations.

B. Verbal Mediation

Although this approach is similar to self-instructional training, it is easier for older students who have trouble learning to memorize or transfer learned material. Verbal mediation can take several forms, from prompting to actually recreating the problem.

1. Workman (1982) describes a method of verbal mediation with written essays that become the basis for teaching appropriate skills. Either the teacher or the student prepares an essay. When the teacher prepares the essay, it describes and discusses a type of inappropriate behavior. The essay details an alternative approach and defines why it is appropriate. The essays are written at the students' vocabulary level and should relate to the variety of situations experienced by the students. When students misbehave they copy the essay related to the misbehavior (e.g., out of seat, talking out). If the students are able to express themselves, then they are directed to develop an essay that answers four questions:

   a. What did I do wrong?
   b. What is wrong with that behavior?
   c. What should I have been doing instead?
   d. Why should I have been doing (the behavior)?

   After the essays are written, they are discussed with the teacher. In this way, the student has both oral and written feedback as the basis for skill building.

2. Meichenbaum and Goodman (1971) teach students another way to mediate behavior verbally by listing five types of statements:

   a. Definition of Problem: "Let's see. Now what am I suposed to do?"

b. Approach to Problem: "What are the possibilities?"
c. Focus Attention: "I need to focus in and think of what I'm doing now".
d. Choose an Answer: "I think this is it."
e. Self-Reinforcement: "I did that okay."
or
Coping Statement: "Wait. I missed that, but next time, I'll go slower and concentrate more so I can get it right."

In this method, the teacher must model the procedure for the student until the student has mastered the sequence. The steps are:

a. The teacher models task performance and talks out loud while the child observes.
b. The child performs the task, instructing him/herself out loud.
c. The teacher models task performance while whispering the self-instructions.
d. The teacher performs the task, using covert self-instructions with pauses and behavioral signs of thinking (e.g., stroking chin).
e. The child performs the task using covert self-instructions.

C. Behavioral Self-Control

Rather than using images and verbalizations for changing behavior, behavioral self-control methods are used to foster independent regulation of behavior. These methods allow for students to accept greater responsibility for their behavior through learning techniques of self-assessment, self-monitoring, and self-reinforcement. These techniques have been found effective for increasing task behavior and reducing disruptive classroom behaviors. It is appropriate for students of all grade levels.

Self-control interventions are divided into two types: (1) self-maintenance where students use self-control procedures to maintain behaviors acquired through external teacher control, and (2) self-change where students are taught self-control procedures to acquire new behaviors. Both interventions have three stages: self-monitoring, self-assessment, and self-reinforcement.

1. Self-monitoring teaches students to observe and record their own behavior. It involves choosing behavior, defining the behavior, and selecting a measuring and recording method.

2. Self-assessment involves teaching students to assess or evaluate their behavior in order to improve it. In this step, self-instruction or self-rating may be helpful in evaluating the behavior. It is also useful to use self-monitored data when making comparisons of behavior.

3. Self-reinforcement involves teaching students to reinforce or reward themselves for appropriate classroom behaviors. These reinforcers may be tangible or covert.

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The procedures can easily be translated into a systematic program. One example of the types of activities needed for a successful self-control program follows.

a. Select the target behavior to change (e.g., increase on-task behavior in main class).
b. Devise a rating system.
c. Determine the rating system interval (e.g., a kitchen timer set to ring every five minutes).
d. Design the mechanics of the rating system.
e. Implement the monitoring system.
f. Decide on back up reinforcers and list these on a reinforcement menu.
g. Determine the baseline number of intervals to measure success.
h. Set the criterion for reinforcement just above the number of intervals used as a baseline.
i. Change the criterion level as success is achieved.
j. Periodically change the reinforcement menu to ensure desirable reinforcers.

D. Problem Solving

Self-instructional programs involve problem solving, but all problem-solving approaches do not emphasize self-instructions. These approaches are cognitive-behavioral interventions because they increase the student's awareness of his or her own behavior. It is also believed that as problem-solving skills improve, social behavior improves. Problem-solving instructional experiences are most effective when they relate to real problems and experiences, increasing the student's identification with the experience and enhancing generalization.

Several problem-solving approaches are available for use in the classroom. Each incorporates similar strategies and requires that the strategies be implemented in sequence. Games, role-playing, films, literature, etc., are all utilized during instruction of the various components.

D'Zurilla and Goldfried (1971) designed a problem solving method that can be adapted to students of any age. It requires that the teacher lead the student through five steps:

1. General orientation (Why solve problem?).

2. Problem definition and formulation (What is the problem? What do I want to change?).

3. Generalization of alternatives (What are all the things I could do in this situation?).

4. Decision making (What are the consequences of each alternative? What is the best decision at this time?).

5. Verification (How will the decision be implemented?).

Spivack and Shure (1974) developed the Interpersonal Cognitive Problem-Solving Model to teach basic concepts and skills necessary for problem solving. Research has shown their model to be effective with preschoolers through adolescents. This model provides strategies and activities for teaching students to generate alternatives, develop means-end thinking, analyze the consequences of feelings and social behaviors, and increase social perceptiveness.

II. SOCIAL SKILL TRAINING

(If they learned to act that way, they can unlearn it.)

Emotionally handicapped students are deficient in social and interpersonal skills necessary for developing positive relationships in school, home, and the community. These students experience failure in social settings because of a failure to learn appropriate social skills.

The systematic teaching of social skills is crucial in curriculum for the emotionally handicapped. Instruction should be direct, systematic, and reality based. Goals and objectives in social skills are a vital part of the IEP.

Numerous social skill curricula are available for use in the classroom. These curricula should be adapted to the student's needs and the resources available to the teacher. As the curriculum is implemented, the teacher should elicit the suport of parents and others who interact with the students so that they can support the students' behavioral changes. As with all curriculum goals and objectives, criteria for success and a means for measuring success should be developed (Neel, 1984).

In general, the social skill curriculum packages include similar skills, yet vary in approach. The major skill categories include:

A. Initial interaction or activity (e.g., greeting, offering assistance).

B. Maintaining an interaction or activity (e.g., listening, conversing).

C. Following rules and regulations (e.g., listening to teacher, accepting consequences).

D. Reinforcing others/displaying affection (e.g., smiling, giving compliments).

E. Giving feedback to others (e.g., telling what you don't like).

F. Attending to social cues/social expectations (e.g., good grooming, eye contact).

G. Providing information (e.g., answering questions, expressing feelings).

H. Indicating preferences (e.g., dealing with choices, negotiating).

I. Coping with negative situations (e.g., seeking help, dealing with a fearful situation).

J. Dealing with anger (e.g., receiving accusations, apologizing).

K. Terminating an interaction or activity (e.g., leaving when an activity is completed, leaving when a situation is negative).

L. Problem solving (e.g., gathering information, accepting abilities and limitations).

An example of an approach used to teach social skills is structured learning therapy (Goldstein, A.P., Sprafkin, R.P., Gershaw, N.J., E. Klein, P. [1980]). Several steps are involved in setting up a program:

A. Select students for training (Which students would be amenable to/benefit from training?).

B. Determine skills to be taught. This would include a pretest, assessing student skills prior to training.

C. Assess pre-training performance levels. This would be included on the above pretest. Other assessment procedures may be sociometric data or direct observation.

D. Provide training, using the four-step teaching procedures:

1. Model the desired skill:

   a. demonstrate behaviors in a clear, detailed manner;
   b. in order from least to more difficult;
   c. with some repetition; and
   d. with several individuals serving as models.

2. Have students role play the desired skill. By practicing or role playing the behavior, the student is able to try out the new behaviors without risk of failure. This helps make them feel more confident and helps to prepare them for difficult interpersonal situations. This practice is the most important part of the training program and probably the one students will like most if they can overcome the initial feelings of being self-conscious and afraid of being laughed at. Some students will be resistive to practicing and will need to be urged. This urge should be non-threatening, maybe an expression of understanding.

3. Give feedback on performance. Crucial to the success of this program is the ability to give feedback in a constructive, non-threatening way. Always give a student a chance to be successful and reinforce his success. Also, provide a supportive atmosphere for feedback.

4. Practice the behavior in other settings (e.g., homework). Students think of situations at home or school where they are to practice the skills and evaluate their performance. A reinforcement system should be established, contingent upon group rules, for participating in role plays and practicing identified skills.

E. Evaluate the results. Re-assess student skills using the skill checklist.

1. The Walker Social Skills Curriculum (ACCEPTS) (1983).

   This program was designed to: (1) facilitate social development of handicapped children, (2) prepare them to meet behavioral demands and expectations of less restrictive settings, and (3) improve social acceptance of handicapped children by nonhandicapped peers.

   The instructional package includes training units in classroom skills, basic interaction skills, getting-along skills, making-friends skills, and coping skills.

   The sequence for teaching the skills is:

   Step 1: Definition and guided discussion
   Step 2: Positive example
   Step 3: Negative example
   Step 4: Review and restatement of skill definition
   Step 5: Positive example
   Step 6: Activities
   Step 7: Positive example
   Step 8: Criterion role play
   Step 9: Informal contracting

2. Getting Along with Others: Teaching Social Effectiveness to Children (Jackson, Jackson, & Monroe, 1983).

   This program contains material for 17 two-hour sessions. Skills range from following directions to saying "no" to stay out of trouble, and each session follows a general format:

   a. Go over homework for the session
   b. Provide relaxation training
   c. Introduce the skill (and steps involved in implementing it)
   d. Model appropriate example
   e. Ask students for behavior components of skill
   f. Ask children to role play
   g. Ask children to give positive feedback
   h. Ask children for rationales for using skill
   i. Lead children through reality check (what to do when the skill doesn't work)
   j. Provide snack time
   k. Provide activity time where students can informally exhibit skills

This program is best suited for mental health center groups rather than schools due to the length of the sessions. Adaptation is needed for groups in schools.

3. Social Skills in the Classroom (Stephens, 1978).

   This book describes social skills, assessment tasks, and teaching strategies. The program emphasizes evaluation as to whether the skill is present and not being used appropriately or whether the skill is simply not present. The teaching strategy of choice is either modeling and teaching absent skills or reinforcing skills which the student has but doesn't use appropriately.

4. Teaching Children Self-Control: Preventing Emotional and Learning Problems in the Elementary School (Fagen, Long, & Stevens, 1975).

   Fagen and Long's self-control curriculum is designed as a preventive program in teaching self-control skills. It helps children deal with feelings and emotions, teaches self-control, and helps students cope with pressures and frustration.

   The curriculum contains eight skill clusters, the first four being more closely related to cognitive skills (e.g., sequencing and ordering) and the latter four related to affective skills (e.g., inhibition and delay). Each curriculum area contains an introduction, rationale, description of units, and learning tasks.

5. ASSET: Social Skills Training Program for Adolescents (Hazel, Schumaker, Sherman, & Sheldon-Wildgen, 1982).

   This program is designed to teach specific social skills to adolescents with behavior problems. It contains a leader's guide with skill sheets and checklists and eight videotapes to model the skills being taught.

   Specific steps are taught for each skill, including both verbal and nonverbal behavior. Skills are practiced and applied through games and home notes.

   The eight skills to be taught include:

   a. giving positive feedback
   b. giving negative feedback
   c. accepting negative feedback
   d. resisting peer pressure
   e. problem solving
   f. negotiation
   g. following instructions
   h. conversation

6. Responsible Assertive Behavior (Lange & Jakubowski, 1976).

Assertiveness training programs are similar to social skills training. However, they include more emphasis on belief systems and help students discriminate between passive, aggressive, and assertive students.

III. COUNSELING STRATEGIES

(Let's talk . . .)

Counseling is "individual or group discussion to help students gain insight into themselves and their problems, to share feelings and concerns in a confidential and supportive manner and to plan and evaluate personal tools" (Colorado Department of Education, 1980).

In the class for emotionally handicapped students, counseling may be formal or informal. The teacher may take the counseling role which may be augmented by support personnel. Some techniques include:

A. Empathic/Reflective Listening in which the teacher responds to the child in a way that indicates empathy of understanding of the student's feelings. Example: Teacher verbally states students' feelings (e.g., "You seem angry because someone hit you" or "It really makes you happy when you make an A").

B. Redirection is guiding a child back to task through an alternative motivation. Example: Teacher notices a child behaving inappropriately (e.g., getting ready to throw paper across the room) and provides an alternative response (e.g., says, "Here's a wastebasket for you").

This technique shows the child a more appropriate response, refocuses attention, and avoids unnecessary confrontation.

C. Interpretation involves assisting the child in connecting behavior and feelings. Example: "It makes you mad when you don't get what you want."

D. Reality Therapy uses direct questioning to help students examine actions and develop a plan for changing inappropriate behavior to appropriate behavior.

At the individual level, the steps include:

1. Establish good rapport with student.
2. If the child behaves inappropriately, ask what he is or was doing (If he doesn't answer, teacher describes it).
3. Guide student to evaluate behavior (Is it helping you? the class? me? If yes, how?). If the student says it helps, teacher may state his/her conclusions.
4. Ask student to make a plan by listing alternative behaviors.
5. Direct student to make commitment to one of alternatives (What will you try?). Be sure student commits himself to something.
6. Follow through to see if plan was implemented.

7. If not implemented, allow student to experience natural consequences.
8. If student refuses to participate in the process, isolate him/her from class until he/she is ready to participate. (Isolation should be nonpunitive.)

At the group level, the following steps are followed:

1. Seat students in a circle.
2. Hold group meetings. Glasser (1965) recommends daily meetings at the elementary level (10-30 minutes) and two meetings per week for adolescents.
3. Decide on the type of meeting. (Teachers of EH students frequently use the meeting for arriving at solutions for individual or class problems.)
4. Introduce the topic. (The teacher may do this initially and later students are likely to bring up concerns.)
5. Ask students to respond to the problem, but be sure to (a) keep discussion directed toward solving the problem, (b) help students understand that many solutions exist, and (c) enforce the group's decision.

E. Relaxation Training involves teaching students to alternately relax and tense various muscle groups in a systematic order; e.g., from the facial area to feet and then the complete body.

Guided imagery is sometimes used in conjunction with relaxation. This approach requires the student to imagine a very pleasant environment or circumstance (which aids in relaxation) and then to recall this environment/situation in stressful situations. This strategy is useful for students who are anxious and worry excessively.

F. Supportive Peer Groups are designed to teach students new ways of behaving through using the strength and support of the peer group. This method helps students confront their problems and helps them change. It increases interpersonal communication. Supportive peer groups rely on group meetings.

1. Teacher and student develop a general problem list. The number of problems should be limited.
2. Teacher reviews rules of the group.
3. Students share a problem that occurred that day and what happened. Have peers offer alternatives to the problem behavior. Teacher must direct the group.
4. Peers and teachers resolve the issue.

G. Magic Circle Program helps children label affect and improves verbal skills. It requires minimal time and is easily interwoven into daily events. It contains a structured curriculum.

Methods in this program include approximately 15-20 minutes each day in set aside group time. Group rules are established, and students alternately respond verbally to a theme such as "a time when I was embarrassed. . . ."

H. Teacher Feedback and Review is important in helping individual students demonstrate appropriate behaviors. Life Space Interview is an example of feedback and review. This method facilitates open communication between teacher and student, encourages students' listening and verbal expression skills, provides verbal and social reinforcement for appropriate performance, encourages student self-monitoring and assessment, and clarifies and reinforces expectations.

I. Creative Activities include role play, music, art, creative writing, play, story telling, bibliotherapy, drama, and puppetry. Activities must be motivating for the student. Activities which entertain and arouse curiosity through creativity and fantasy accomplish this especially well in a deliberate, yet symbolic, means of expression.

J. Values Clarification. Values clarification is an approach which suggests that teachers should teach values in a systematic and responsible manner. In values clarification, teachers avoid moralizing and instilling values. Students are helped to develop their own value systems through activities based on the themes of prizing one's beliefs and behaviors, choosing one's beliefs and behaviors, and acting on one's beliefs (Simon, Howe, & Kirschenbaum, 1978).

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Seriously Emotionally Handicapped

CURRICULUM

SUBSECTION D: VOCATIONAL EDUCATION

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped

January 1986

VOCATIONAL EDUCATION

RATIONALE

Emotionally handicapped students are rarely successful in attempts to interact in the community. These students lack the appropriate personal adjustment and social skills for involvement and success in the community. Vocational education, through increasing competence, can assist the emotionally handicapped to become more successful adults.

GOALS

A comprehensive curriculum for vocational/career education will facilitate the following for emotionally handicapped students:

1. development of appropriate personal social skills to enhance benefit from educational, vocational, and/or occupational experiences;
2. development of appropriate daily living skills to increase independent functioning in school, family, and community; and
3. acquisition of job readiness and career skills to secure and maintain a working position in society.

OBJECTIVES

After completing this section, you will be able to:

1. describe typical life skill deficits of emotionally handicapped students,
2. describe Brolin's three categories of life-centered education,
3. describe possible goals and objectives within each of the areas, and
4. describe possible sources of instructional materials.

STRATEGIES, MODELS AND INTERVENTIONS

Life Skill Problems of Emotionally Handicapped Students

(He'll never make it if he doesn't shape up.)

The life skill deficits of emotionally handicapped students fall into three categories: social-interpersonal skills, daily living skills, and occupational related skills. Examples of these deficits are:

I. SOCIAL-INTERPERSONAL SKILLS

   A. Poor communication skills (verbal expression, following oral and written directions, listening skills).
   B. Inappropriate affect.
   C. Inattention to task.
   D. Inappropriate relationships with adults and peers (includes verbal aggression, physical aggression, and withdrawal).
   E. Inability to work in a group situation and complete tasks.
   F. Inability to problem-solve.
   G. Negative self-concept.
   H. Unrealistic fears regarding school, home, and relationships.
   I. Negative feelings about school, work, and home.

II. DAILY LIVING SKILLS

A. Poor personal hygiene and grooming skills.
B. Inappropriate dress.
C. Inappropriate eating skills.
D. Inability to follow an appropriate daily schedule.
E. Lack of community awareness.
F. Inappropriate leisure time skills.
G. Lacking knowledge of academic survival skills (money, time, and measurement).

III. OCCUPATIONAL GUIDANCE AND PREPARATION SKILLS

A. Unawareness of occupational possibilities and unrealistic job or work expectations.
B. Inappropriate work habits and behaviors.
C. Inability to choose appropriate occupations.
D. Inability to match physical and mental abilities to specific skill area.
E. Inability to independently find further training and/or a job.

IV. THREE CATEGORIES OF LIFE SKILLS

(What do they need when they grow up?)

A reality-based functional curriculum for emotionally handicapped students will increase the likelihood of their success in school, the community, and the family. Emotionally handicapped students, from kindergarten through high school, need programming that provides experiences and opportunities to develop the skills, behaviors, and attitudes necessary for productive, successful lives. Objectives and activities relating to daily living skills, personal/social skills, and occupational guidance and preparation should be a part of the students' individualized educational programs.

One approach is Brolin's life centered education curriculum. This curriculum includes: personal social skills, daily living skills, and occupational guidance. This K-12 approach is a total curriculum approach that unites education and life. It encourages teachers to relate subject material to its career implications. It balances content and experiential learning, permitting hands-on occupational learning. Finally, it coordinates home, school, and community. Rather than just career education, this model focuses on growth and development for all life roles, settings, and events. (Brolin & Kokaska, 1985, p. 851)

A. The first category, personal social skills, deals with the social skills that a student will need to develop through his/her school career in order to benefit from ongoing career development.

   1. The student will express feelings in an appropriate manner.
   2. The student will identify positive characteristics of home, school, and community.
   3. The student will attend to and complete tasks.
   4. The student will accept limits and rules of home, school, and community.
   5. The student will follow school rules.

6. The student will develop positive self-esteem.
7. The student will develop the ability to attend school and community functions with minimal anxiety.
8. The student will work independently.
9. The student will develop communication skills--written, oral, and listening.
10. The student will develop appropriate peer and adult interaction.
11. The student will develop responsible behavior at home, work, school, and community.
12. The student will develop problem-solving abilities.
13. The student will develop the skill to work on group situations.

Examples of social-interpersonal goals and objectives as they relate to vocational education follow. You may generate several additional objectives for each goal:

1a. Goal: The student will demonstrate responsible behavior in the school or at the work site.

1b. Objective: The student will identify the reasons for good attendance and punctuality.

2a. Goal: The student will increase problem-solving skills.

2b. Objective: The student will identify the steps of problem solving.

3a. Goal: The student will increase listening skills.

3b. Objective: The student will listen to a discussion and respond to comprehension questions.

4a. Goal: The student will work successfully in a small group.

4b. Objective: The student will cooperatively implement a project with two other students.

5a. Goal: The student will interact with adults appropriately.

5b. Objective: The student will identify common authority roles (e.g., teacher, principal, parents).

B. Daily living skills involve the behaviors and skills students need to gain social acceptance from peers and teachers at an early age and acceptance and consequently employment from vocational teachers and employers at an older age.

Possible daily living goals and objectives include

1. Goal: The student will increase daily living skills.

2. Objective: The student will select clothing appropriate for different activities.

3. Objective: The student will describe appropriate personal leisure activities.

4. Objective: The student will describe activities available through public and private community resources.

C. The third and most important component of the Life Centered Career Model is occupational guidance and preparedness. While the terms of prevocational skills, career exploration, awareness, and skills development are not emphasized until junior/senior high school, the early years (K-6) should provide the building blocks for the student in work habits, social and interpersonal skills, and daily living skills.

Junior/senior high programs follow a progression of skills. One means of providing these skills is to divide them in three stages. The first stage could involve:

CAREER AWARENESS - exposing students to different job clusters and their skill requirements.

ASSESSMENT - evaluating the student's social abilities, aptitudes, and physical abilities.

VALUES CLARIFICATION/SELF-AWARENESS - the criteria the students use for personal knowledge to match personal abilities, interests, and priorit

The second stage deals with:

JOB EXPLORATION - reviewing data and visiting job sites which are indicated by interest inventories, aptitudes, and abilities.

JOB SHADOWING - following an employee at sites of interests.

JOB MATCHING - through analyzing interests, abilities, aptitudes, and previous shadowing experiences select an appropriate job experience site.

JOB EXPERIENCE - the placement of a student on a job, including self-evaluations (social skills, attitude, physical ability, skill level, and communication level).

The final stage involves:

PREVOCATIONAL SKILLS - interviewing appropriately, dressing appropriate identifying available jobs, finding funding for further education, a exploring available resouces.

SKILLS DEVELOPMENT - developing the skills necessary for a particular j

SELECTION - choosing an appropriate job or recognizing the need for further vocational training.

The ultimate goal of this three stage approach is adequate skills for gainful employment and for furthering vocational education.

Occupational guidance skills require direct instructional techniques. While classroom management and behavioral techniques operate during this time, the emphasis must be on content areas. Below are examples of goals and objectives.

1a. Goal: The student will improve personal work habits.

1b. Objective: The student will identify ways in which personal behavior affects co-workers.

2a. Goal: The student will recognize personal interests.

2b. Objective: The student will describe the relationship between interests and occupational opportunities.

3a. Goal: The student will increase career awareness.

3b. Objective: The student will recognize why work is necessary to obtain economic independence.

4a. Goal: The student will match his interest, abilities, skills, personal, and social values to select possible job sites.

4b. Objective: The student will construct a chart in which he matches each job shadowing experience to his interest, abilities, values, and skill development.

5a. Goal: The student will explore many different jobs.

5b. Objective: The student will locate sources of information about employment opportunities.

6a. Goal: The student will select jobs to shadow.

6b. Objective: The student evaluates his interest and abilities and identifies occupations he might consider based on his abilities and interest.

7a. Goal: The student will increase his prevocational skills.

7b. Objective: The student will identify appropriate interview behaviors (e.g., dress appropriately, sit and speak appropriately).

8a. Goal: The student will exhibit skills in a specific skill area.

8b. Objective: The student will be able to follow safety instructions in a particular vocational class.

9a. Goal: The student will select an appropriate job.

9b. Objective: The student will use many of the important parts of the course content for selecting a job experience.

SUMMARY

Career education integrates traditional content areas with occupational areas. Emphasis is placed on academic behavior, personal, social, and daily living skills. The ultimate goal of a student is to achieve maximum independence and self-sufficiency. Services may range from helping a student integrate into a highly structured sheltered situation to how to pursue post secondary training. It demands that parents, community agencies, businesses, and schools work together and requires ongoing program evaluation.

TIP SHEET FOR VOCATIONAL EDUCATION

1. Familiarize yourself with community agencies, including personnel, services, and funding sources.
    a. JTPA
    b. Indiana Vocational Rehabilitation
    c. Goodwill
    d. Developmental Disabilities
    e. Mental Health
    f. YMCA
    g. YWCA
    h. Parks and Recreation
    i. Local Vocational Schools
    j. Colleges
2. Identify local vocational education personnel.
3. Become knowledgable about your vocational regulations and funding.
4. Observe local and area vocational school programs to become familiar with the curricula.
5. Work with support services personnel (counselors, librarians, media specialists, audio visual specialists, area media centers, etc.).
6. Recognize local resources within the school and community.
7. Establish professional relationships with local businesses.
8. Involve parents in the planning and implementation of the program, and use them as resources.
9. Use a multisensory approach to instruction.
10. Work with regular teachers to ensure that their curriculum ties to the career education curriculum.
11. Seek student involvement in the evaluation of the content.
12. Be clear in what you want to teach. State the objectives, teach them, and then evaluate the effectiveness of the lesson (Did he learn it?) on a daily basis.
13. Maintain a sense of humor.
14. Career education doesn't mean just saws and welders. Be creative.
15. Use role playing to teach concepts.
16. Get involved with the special vocational needs publications, groups, committees, and conferences.
17. Know the job before you try to teach the skill to the student. If necessary, work the job and task analyze it, then teach the skill.

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INSTRUCTIONAL MATERIALS/CATALOGS

Career Aids, Inc.
8950 Lurline Avenue
Chatsworth, CA 91311

Developmental Training Materials
P. O. Box 4000
One DLM Park
Allen, TX 75002

EBSCO Curriculum Materials
DN.EBSCO Industries, Inc.
Box 486
Birmingham, AL 35202

Educational Design, Inc.
47 West 13th Street
New York, NY 10011

Frank E. Richards Publishing Co.
P. O. Box 66
Phoenix, NY 13135

Guidance Associates
Communications Park
Box 3000
Mt. Kisco, NY 10549

Guinus Book Publishers
2501 Industrial Parkway
Haywood, CA 94545

Mafex Associates, Inc.
90 Cherry Street
Box 519
Johnstown, PA 15907

MCE, Inc.
157 South Kalamazoo Mall
Kalamazoo, MI 49007

Pitman Learning, Inc.
6 Davis Drive
Belmont, CA 94002

United Media Enterprises
The World Almanac Education Division
1278 West 9th Street
Cleveland, OH 44113

Valpar Corporation
3801 East 34th Street
Tuscon, AZ 85713

Vocational Biographies, Inc.
P. O. Box 31
Sauk Centre, MN 56378

Weiser Educational, Inc.
P. O. Box 549
El Toro, CA 92630

J. Weston Walsh, Publisher
Box 658
Portland, ME 04104